



ANNUAL REPORT

AUGUST 1987–MARCH 31, 1989

**PLAN OF ACTION 1985–1990
BASED ON THE NAIROBI
FORWARD-LOOKING STRATEGIES**

**FOR THE
ADVANCEMENT
OF WOMEN TO
THE YEAR 2000**

Canada

Government
of CanadaGouvernement
du Canada

MEMORANDUM

NOTE DE SERVICE

TO
A

Margaret Catley-Carlson
Deputy Minister/Sous-ministre
Health and Welfare Canada/
Santé et Bien-être social Canada

FROM
DE

Freda L. Paltiel
Department Advisory Committee on the
Status of Women/Comité consultatif
ministériel sur la situation de la femme

SUBJECT
OBJET

ANNUAL REPORT AUGUST 1987-MARCH 1989
HEALTH AND WELFARE CANADA
PLAN OF ACTION FOR THE
ADVANCEMENT OF WOMEN 1985-1990

RAPPORT ANNUEL AOÛT 1987-MARS 1989
SANTÉ ET BIEN-ÊTRE SOCIAL CANADA
PLAN D'ACTION POUR LA
PROMOTION DE LA FEMME 1985-1990

On behalf of the Departmental Advisory Committee on the Status of Women, I have the pleasure of transmitting the third Annual Report on Health and Welfare Canada's new Plan of Action (1985-1990) based on the NAIROBI FORWARD-LOOKING STRATEGIES FOR THE ADVANCEMENT OF WOMEN TO THE YEAR 2000. The reporting time frame has been changed to facilitate reporting in accordance with the fiscal year. This report thus reflects the progress recorded by the Department at end of March 1989, towards implementation of the over one hundred specific initiatives contained in the five-year Plan of Action.

Au nom du comité consultatif ministériel sur la situation de la femme, j'ai le plaisir de vous transmettre le troisième Rapport annuel sur le nouveau Plan d'action de Santé et Bien-être social Canada (1985-1990) inspiré des STRATÉGIES PROSPECTIVES D'ACTION DE NAIROBI POUR LA PROMOTION DE LA FEMME JUSQU'À L'AN 2000. La période du rapport a été modifiée pour correspondre à celle de l'exercice financier. Ce rapport expose donc les progrès accomplis par le Ministère jusqu'à la fin de mars 1989 en ce qui concerne la mise en oeuvre de plus d'une centaine d'initiatives s'inscrivant dans le nouveau plan quinquennal.

SECURITY - CLASSIFICATION - DE SÉCURITÉ

OUR FILE — N / RÉFÉRENCE

YOUR FILE — V / RÉFÉRENCE

DATE

March/mars 1990

Chair/Présidente

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TO THE YEAR 2000**

1990

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INTRODUCTION AND OVERVIEW

This is the third Report on Health and Welfare Canada's (HWC) Plan of Action (1985-1990) based on the "Nairobi Forward-Looking Strategies for the Advancement of Women to the Year 2000" (FLS), covering the period August 1, 1987 to March 31, 1989. The scope and details of the Departmental Plan of Action which this report addresses appeared in Appendix I of the 1985-86 Report. This Introduction provides highlights of the activities of the Office of the Senior Adviser Status of Women (OSASW) for the period under review.

The SASW advises, coordinates and monitors on departmental policies and programs as they relate to women and their families. She serves as Canada's Focal Point for Women Health and Development (WHD). Under her direction, the Departmental Advisory Committee on Status of Women Concerns translated the Nairobi FLS into over 100 specific initiatives which together comprise the Department-wide Plan related to the mandate of Health and Welfare Canada.

National Symposium on Changing Patterns of Health and Disease in Canadian Women

The major achievement of this period was the first-ever National Symposium on Changing Patterns of Health and Disease in Canadian Women, Ottawa, April 18-20, 1988. Papers on women's major health issues were presented and discussed by over 150 pivotal women's health exponents from across Canada, who shared baseline information and epidemiological data on the health status and concerns of women in Canada and proposed forward-looking strategies to promote and protect women's health. The Symposium was part of Canada's implementation of the Pan American Health Organization (PAHO) Regional FLS on Women, Health and Development (WHD).

The Director of Family Health, World Health Organization (WHO), Geneva, and the Regional Adviser on WHD, PAHO, were among the speakers. **Proceedings** of this

Symposium are being prepared for publication. Follow-up to the Symposium began immediately after the event.

Symposium workshops proposed a set of Forward-Looking Strategies for Canada dealing with healthy public policy; appropriate health services; enhancement of coping, caring and control; and research and development. Strategies for healthy public policy included: Symposium follow-up by discussions at regional workshops; empowerment of community women's organizations including increased funding for currently disadvantaged women's groups i.e. poor, native, immigrant and disabled; reorientation of health services with greater support for community programs, including more women's health centres in cities, towns, villages and rural areas; reorientation of health promotion programming and proactive policies to address, **inter alia**, research into the most effective way to introduce health promotion issues into school curricula for children, programs to counter violence

against women and increased public awareness for drug and alcohol abuse programs, especially in rural and native communities; strengthening the relationship between women's organizations and professionals and policy makers; political action to place women's voices in the policy-making arenas, with greater consideration of the impact on women of all policies in all government departments.

Symposium strategies for appropriate health services for women identified as priority topics conditions or diseases found to be more prevalent in women; recognition of the burden on women as informal caregivers; increased provision of community-based health care services, including home care, social support and affordable and accessible housing, particularly following de-institutionalization; the need for a coordinated, integrated health care system with continuity of care and a multi-disciplinary approach; accessible services that include promotive, preventive and educational aspects.

Poverty and illiteracy were recognized as health barriers. Accessible/ appropriate services for disadvantaged groups; more consumer control; operational funding for women's health clinics and networks; and better

evaluative approaches and techniques for community health services were advocated.

The most frequently repeated Strategy emphasized the importance of listening to women expressing their needs and of involving women in both defining those needs and assessing how they are being met. Key Strategies included the establishment of focal points, the development of action plans and ensuring that women have decision-making power.

Federal/Provincial/ Territorial Working Group on Women's Health and F/P/T Senior Health Liaison Officials.

Prior to the Symposium consultations, collaboration and information exchange had been maintained with the provincial and territorial Senior Health Liaison Officials designated by their provincial and territorial Deputy Ministers of Health. During the period under review, information was gathered on Women's Health Centres, while work proceeded on the health aspects of family violence. Following the Symposium at the meeting of the Senior Health Liaison Officials it was recognised that a more formal mechanism was needed to give effect to women's health concerns in

Canada. In June 1988 the Conference of Deputy Ministers of Health established a new **F/P/T Working Group on Women's Health**, to be initially chaired by the SASW, meeting twice annually and reporting directly to the Conference of DM's on the current and emerging health concerns of Canadian women. This Working Group held two meetings this year, in October 1988 in Ottawa and in March 1988 in Vancouver, B.C., and developed Terms of Reference and a Workplan reflecting *inter alia*, the major women's health concerns which emerged from the Survey of Key Informants and the Symposium. The OSASW is providing the secretariat for the Working Group.

The Nairobi Forward-Looking Strategies for the Advancement of Women (FLS) and the PAHO Plan of Action on WHD (1986-1990)

International activities during this period were extensive, particularly within the Region, involving close continuing cooperation with the Pan American Health Organization (PAHO). As Canada's Focal Point on WHD, the SASW has continued to play an active role in the promotion of concerted actions on WHD

as well as maintaining and increasing activities to inform women's NGOs, government officials and health professionals of the Pan American Health Organization (PAHO) Plan of Action, i.e. the Regional Forward-Looking Strategies on WHD. The SASW was a member of the Canadian delegation to meetings of the PAHO Directing Council in September 1987 and 1988, where the SASW on behalf of Canada called for priority emphasis and a research protocol on WHD. Canada was reelected to the Executive Subcommittee on WHD in 1988.

Other WHD-related international activities of the SASW included: delivering a keynote address on "Occupational Health of Midlife and Older Women in Latin America and the Caribbean" to the Pan American Health Organization/American Association of Retired Persons (PAHO/AARP) Consulting Group Meeting on the Situation of Midlife and Older Women in Latin American and the Caribbean (October 1988); the PAHO subregional meeting on Women's Participation in Health Programs for the Community, Santiago de Cuba (February, 1988); the PAHO Expert Group Meeting on Maternal Mortality, Sao Paulo, Brazil (March, 1988); and the PAHO/WHO Caribbean

Workshop on WHD, Port-of-Spain, Trinidad (May, 1988) which produced a subregional Plan of Action.

Activities with several international agencies, including the U.N. Centre for Social Development and Humanitarian Affairs (UNCSDHA), and the World Health Organization (WHO) centred on emerging concerns with family issues, primarily the need for policies addressing harmonization of work and family responsibilities, and family health, issues which were also the focus of important domestic policy and program development during the period.

In November, 1988, she served as short-term Adviser on Family Health at WHO Headquarters, Geneva to plan WHO's Consultation on Emerging Needs in Family Health (July 1989), for which she prepared a discussion paper. In November 1988, the SASW also served as Canadian representative and as Vice President for the U.N. Expert Group Meeting on Social Support Measures for the Advancement of Women, Vienna, for which she prepared a Canadian Case Study (EGM/SSMAW/1988/CS.12). The Expert Group Meeting dealt with the interrelated themes of: Health, Nutrition and Family Planning; Child Care; and

Sharing of Domestic, Parental and other Responsibilities. The Report and recommendations of the Expert Group formed the basis of a document released as the **Report of the Secretary-General on Women and Education, Eradication of Illiteracy, Employment, Health and Social Services** including Population Issues and Child Care: the need for social support measures (E/CN.6/1989/6) which was the source document for deliberations on the priority theme of Development at the 33rd Session of the U.N. Commission on the Status of Women (March/April 1989).

During this period, the OSASW collaborated with various bodies, including CIDA and IDRC regarding international assistance for WHD and the V International Conference on AIDS. The OSASW also provided briefings on WHD matters for the Canadian and Federal Delegations to various meetings, including the World Health Assembly, the UN Commission on Social Development and the UN Commission on the Status of Women.

At the national level, the OSASW coordinated comprehensive HWC input on the major activities undertaken as part of **Health and Welfare Canada's Plan of Action (1985-1990)** to the **Dimensions of Equality**

federal government work plan for Canada, prepared by Status of Women Canada and updated in January 1989, as well as the March 1988 update to the **FACT SHEETS on the Nairobi FLS: Issues and the Canadian Situation.**

Health Aspects of Family Violence

Departmental activities during this period centred upon the Family Violence Prevention Directorate in the Social Service Programs Branch (see III-I) and preparations for the National Forum on Family Violence, June 1989, in Ottawa. The SASW continued to work in an advisory and consultative capacity with various bodies, including efforts to develop a national organization of transition houses.

Immigrant and Visible Minority Women

The OSASW on behalf of the Department continued to place particular emphasis during this period on policy and program development needed to address the expressed views and concerns of immigrant and visible minority women.

During this period, contacts were maintained with the President and representatives of the National Organization of Immigrant and Visible Minority Women of Canada.

The OSASW also maintained contact with the Federal Task Force on Mental Health Issues Affecting Immigrants and Refugees, which issued a **Review of the Literature on Migrant Mental Health and After the Door Has Been Opened: Mental Health Issues Affecting Immigrants and Refugees in Canada**, which included a chapter on the special needs of immigrant and refugee women. (see XII)

The SASW represented HWC at meetings of the Interdepartmental Committee on Immigrant and Visible Minority Women, and prepared a summary of HWC activities to promote the development of appropriate health services, income security programs and social services to help meet the "critical socio-economic needs" of this group of disadvantaged women.

Information sharing and consultations on these concerns with NGOs and with the F/P/T Working Group on Women's Health were continued and expanded during this period. The SASW formally conveyed the health and social service concerns of immigrant and visible minority women to the attention of all provincial and territorial ministries of health across Canada, via the F/P/T Advisory Committee on Community Health.

Mental Health

Mental health was a major preoccupation nationally and internationally throughout the period. Two mental health papers written by the SASW were published: in November, 1987, an extensive monograph on "Women and Mental Health: A Post Nairobi Perspective" was published in a special edition on Women's Health of **WHO World Health Statistics Quarterly** (vol. 40, no. 3) and "Is Being Poor a Mental Health Hazard?" was published in a special edition on Women, Health and Poverty of **Women and Health** (vol. 12, nos. 3/4). In September, 1988 the SASW opened the Conference on Women-defined Motherhood at Goddard College, Plainfield Vermont.

Following the release of the pioneering CMHA Committee report on "Women and Mental Health in Canada: Strategies for Change", in April 1987, the SASW maintained active consultations with the CMHA and professional psychiatry and psychology bodies during preparations for the CMHA National Conference on **Women and Mental Health: Social Economical Political Perspectives**, May 1989 in Banff, Alberta. The SASW was invited to deliver a keynote address at that Conference.

Family Supports

Growing interest in family policy issues both nationally and internationally brought continuing demands on the OSASW, particularly in policy development on initiatives relating to the integration of work and family responsibilities. Policy and program development in **Child Care** remained very active during this period, which saw the implementation of three of the four planned components of the National Child Care Strategy (see II-1). The SASW received the views of many concerned stakeholders and continued to work in an advisory and consultative capacity with various bodies. She was invited by the editor of WHO World Health Forum to submit an article on "Child-rearing - A task for fathers as well as mothers", now in press.

Occupational and Environmental Health

As this is an underdeveloped focus of women's health, consultations were initiated during this period with the Women's Bureau Labour Canada and professionals in the field to institute collaborative initiatives to promote gender-sensitive research as well as policy and program development in Women's Occupational Health. The SASW prepared a chapter for the Addiction Research Foundation's book on **Women, Health and**

Work - A Challenge to Employee Assistance Programmes (currently in press), in which she discusses the sandwich generation - those women caring for three generations, children, spouses and parents - while working outside the home.

The SASW continued as an Observer at the meetings of the F/P/T Advisory Committee on Environmental and Occupational Health, where she provided briefings on developments regarding the occupational health concerns of women.

Reproductive Health

During this period, the SASW provided policy advice to the Department and consulted with other interested professionals and NGOs on a wide range of issues related to the reproductive health of women, particularly the emerging concerns raised by the current and likely future applications of new reproductive technologies (NRTs).

The SASW attended the International Forum on NRTs sponsored by the Quebec Advisory Council on the Status of Women in November 1987, and held consultations during this period with federal and provincial status of women officials, health professionals and NGO representatives on the growing concerns of

women with experimental development and clinical use of new reproductive technologies, such as in vitro fertilization, oocyte and embryo donation, artificial insemination and surrogate motherhood. Several national women's groups were very active in advocating policy development to effectively address these, including proposals for a Royal Commission on new reproductive technologies (announced in the Speech from the Throne of April, 1989).

Native Women

Departmental consultations continued with regard to specific initiatives in the Departmental Plan of Action (1985-1990) addressing the needs of Native women and their families (see Chapter XI), particularly concerning Native child care and the issue of family violence in the North. The OSASW also reviewed statistical data on the health status of Native women and incorporated references to the needs and concerns of Native women in various reports.

Women and Pension Reform

The SASW continued to monitor and advise on developments related to pension reform as they affect women, including amendments to the Canada Pension Plan (effective

January 1987) and private pensions for public section employees (Pensions Benefits Standards Act), as well as taking part in consultations with the Income Security Programs Branch on their policy development work on changes to Survivors' Benefits under the CPP.

The paper by the SASW on "Future Directions to Better Protect Canadian Women", was published by the American Association of Retired Persons (AARP) in the **Proceedings of the US-Canada Expert Group Meeting on Policies for Mid-Life and Older Women** (Washington, October 1986).

Senior Women

Women comprise the majority of the senior population, their proportion rising with age. Greater public awareness of the needs of older women and greater articulation by older women of their own needs are fuelling policy and program development throughout the industrialized world. The SASW collaborated closely with the new Seniors Secretariat in the planning of seminal events focused on senior women. A representative of the OSASW took part in the Roundtable on Women in an Aging Society in Ottawa in January, 1988, and the National Workshop on Women in and Aging Society, held in association

with the Canadian Gerontological Association, in Halifax, N.S. in October 1988.

Strategies to better address the aging population and the need to serve older women were prominent among the Forward-Looking Strategies formulated at the National Symposium on Changing Patterns of Health and Disease in Canadian Women. Emphasis was placed upon the kinds of illness which are more prevalent among mid-life and older women e.g. osteoporosis, arthritis, and on the need to recognise, support and relieve caregivers.

The Discussion Paper prepared by the SASW for the WHO Consultation on Emerging Needs in Family Health gives particular consideration to chronic disease, midlife health and aging and family health. As part of Canada's Case Study for the Expert Group Meeting on the Social Support Measures for the Advancement of Women, the SASW prepared a section on "Toward a Better Aging for Women -Support: Self-support and Mutual Support", and outlined HWC's initiatives for seniors. The SASW was the international member for a panel discussion on "Aging Well in the 1990's" sponsored by the University of Florida, Center for Gerontological Studies in March, 1989. The focus for the discussion was on Long-

Term Care and Comprehensive Health Care and the Senior Adviser discussed HWC's Seniors Independence Program initiatives and the recommendations of the National Advisory Council on Aging. (see also VI-1a)

Women's Organizations

Liaison was intensified with many women's organizations across Canada before and after the Symposium. The office continued to monitor and advise on matters related to federal policy and legislative reform to ensure an effective HWC Status of Women perspective to assist the Department in responding sensitively and effectively to the briefs, submissions and enquiries from women's groups across Canada. This involved the coordination of HWC responses to briefs from major women's organizations including the National Council of Women, the Catholic Women's League, the Canadian Advisory Council on the Status of Women (CACSW), l'Association féminine d'éducation et d'action sociale (AFEAS), the National Action Committee on the Status of Women (NAC) and several 'ad hoc' coalitions.

To encourage continued departmental sensitivity to the emerging issues raised by women's groups, the SASW and/or other officials

of her office participated in meetings of the National Association of Women and the Law, the CACSW, the NAC and the Canadian Research Institute for the

Advancement of Women (CRIAOW), among others. And via the Departmental Advisory Committee, the OSASW disseminated news and information about events

sponsored by women's NGO's, encouraging representation and support from appropriate branches of HWC when this could be appropriately arranged.

INCOME SECURITY PROGRAMS INPUT

The Income Security Programs Branch administers three programs which provide financial benefits directly to individuals. These are the Family Allowances program (FAP), the Old Age Security program (OAS)(which includes the Guaranteed Income Supplement and the Spouse's Allowance), the Canada Pension Plan.

I-1

Family Allowances

The Family Allowances program is designed to supplement the income of Canadian families by providing monthly benefits for children under the age of 18. In two-parent families the Allowances are usually paid to the mother. The program also provides for Special Allowances which are paid on behalf of children under age 18 being maintained by a welfare agency, government department or institution.

During the fiscal year 1987-88, Family and Special

Allowances were paid to 3.7 million beneficiaries.

Program Issues

As noted above, Family Allowances are normally paid to the mother except in certain circumstances where, for example, the parents are separated and the father has sole custody of the children or where the parents have joint custody and both agree, in writing, that the Allowance should be paid to the male parent.

This policy has been challenged under the **Canadian Human Rights Act** as discriminating on the basis of sex. A challenge has also been initiated in the Tax Court of Canada alleging that both the **Family Allowances Act** and the **Income Tax Act** violate the **Charter**, because Family Allowances and the Child Tax Credit cannot be divided in joint custody cases. A similar case has also received funding under the Court Challenges Program.

To date, the Government has taken the position that, in a two parent family, women continue in most cases to have the prime responsibility for raising children on a day-to-day basis and are therefore the appropriate payee in most cases. Payment of Family Allowances to the mother was also supported by the Parliamentary Committee on Equality Rights in its 1985 report "Equality for All".

I-2

Old Age Security

The Old Age Security (OAS) program provides a basic level of income for Canadians aged 65 or older as well as additional income assistance to OAS recipients, their spouses aged 60-64 and widowed persons aged 60-64 who have limited income from other sources. These income-tested programs are an important source of retirement income particularly for women. Table I is a breakdown of OAS/GIS/SPA beneficiaries by age and sex as of June 1988.

TABLE I

OAS/GIS/SPA BENEFICIARIES BY AGE AND SEX,

JUNE 1988

OAS ONLY

AGE	MALE %	FEMALE %	TOTAL %
65-69	292,958 (47.6)	322,160 (52.4)	615,118 (100.0)
70-74	201,341 (47.6)	221,300 (52.4)	422,641 (100.0)
75-79	123,031 (46.0)	144,204 (54.0)	267,235 (100.0)
80-84	56,228 (41.7)	78,771 (58.3)	134,999 (100.0)
85-89	19,398 (35.4)	35,351 (64.6)	54,749 (100.0)
90+	7,321 (29.5)	17,534 (70.5)	24,855 (100.0)
TOTAL	700,277 (46.1)	819,320 (53.9)	1,519,597 (100.0)

GIS

AGE	MALE %	FEMALE %	TOTAL %
65-69	150,886 (41.9)	209,321 (58.1)	360,207 (100.0)
70-74	128,227 (38.9)	201,345 (61.1)	329,572 (100.0)
75-79	104,141 (36.9)	177,968 (63.1)	282,109 (100.0)
80-84	66,636 (33.7)	131,164 (66.3)	197,800 (100.0)
85-89	32,552 (30.0)	76,104 (70.0)	108,656 (100.0)
90+	13,972 (24.0)	44,300 (76.0)	58,272 (100.0)
TOTAL	496,414 (37.1)	840,202 (62.9)	1,336,616 (100.0)

OAS/GIS

AGE	MALE %	FEMALE %	TOTAL %
65-69	443,844 (45.5)	531,481 (54.5)	975,325 (100.0)
70-74	329,568 (43.8)	422,645 (56.2)	752,213 (100.0)
75-79	227,172 (41.4)	322,172 (58.6)	549,344 (100.0)
80-84	122,864 (36.9)	209,935 (63.1)	332,799 (100.0)
85-89	51,950 (31.8)	111,455 (68.2)	163,405 (100.0)
90+	21,293 (25.6)	61,834 (74.4)	83,127 (100.0)
TOTAL	1,196,691 (41.9)	1,659,522 (58.1)	2,856,213 (100.0)

SPA - REGULAR

AGE	MALE %	FEMALE %	TOTAL %
60	647 (6.7)	9,002 (93.3)	9,649 (100.0)
61	944 (7.4)	11,889 (92.6)	12,833 (100.0)
62	1,386 (8.6)	14,742 (91.4)	16,128 (100.0)
63	1,873 (9.8)	17,244 (90.2)	19,117 (100.0)
64	2,466 (11.3)	19,411 (88.7)	21,877 (100.0)
TOTAL	7,316 (9.2)	72,288 (90.8)	79,604 (100.0)

SPA - WIDOWED AND SEVERELY

AGE	MALE %	FEMALE %	TOTAL %
60	443 (6.7)	6,166 (93.3)	6,609 (100.0)
61	647 (7.4)	8,143 (92.6)	8,790 (100.0)
62	949 (8.6)	10,097 (91.4)	11,046 (100.0)
63	1,283 (9.8)	11,811 (90.2)	13,094 (100.0)
64	1,689 (11.3)	13,295 (88.7)	14,984 (100.0)
TOTAL	5,011 (9.2)	49,512 (90.8)	54,523 (100.0)

SPA - TOTAL

AGE	MALE %	FEMALE %	TOTAL %
60	1,090 (6.7)	15,168 (93.3)	16,258 (100.0)
61	1,591 (7.4)	20,032 (92.6)	21,623 (100.0)
62	2,335 (8.6)	24,839 (91.4)	27,174 (100.0)
63	3,156 (9.8)	29,055 (90.2)	32,211 (100.0)
64	4,155 (11.3)	32,706 (88.7)	36,861 (100.0)
TOTAL	12,327 (9.2)	121,800 (90.8)	134,127 (100.0)

Prepared by Data Development and Analysis, Income Security Programs Branch, Health and Welfare Canada, February 1989.

Program Issues

Three Court challenges have been launched against the Spouse's

Allowance/Widowed

Spouse's Allowance

programs on the grounds that the programs violate equality rights guaranteed under the **Charter** because benefit entitlements are limited on the basis of marital status and/or sex.

A fourth action against the Spouse's Allowance program has been initiated in the Federal Court of Canada, alleging discrimination on the basis of sexual orientation because the OAS Act specifies that a spouse must be a person of the opposite sex.

A challenge has been initiated in Manitoba alleging that the minimum 10-year residence requirement for an OAS pension is discriminatory and is inconsistent with residence requirements under the **Citizenship Act**.

The Government will be defending all of the above programs against these challenges.

I-3

Canada Pension Plan

The Canada Pension Plan (CPP) is a compulsory, contributory, social insurance program which provides a basic level of protection against the loss of earnings

normally associated with the retirement, disability or death of the wage earner. The Plan was also one of the first to introduce, in 1978, the division of pension credits between spouses on divorce in recognition of the fact that marriage is also an economic partnership to which both spouses contribute.

As of January 1, 1987, the division of CPP pension credits is mandatory upon divorce as soon as the Department of National Health and Welfare receives the necessary information. As well, if a legal marriage ends in separation and if the separation has lasted one year, either spouse may apply for a division of pension credits. There is no time limit for making application for a division of credits following separation, except in the event of the death of one of the separated spouses. Further, former partners in a common-law relationship may apply for a division of pension credits within four years after they have separated, if they have been living apart for one year.

The Plan also recognizes that CPP retirement **pensions** are earned by both spouses during their marriage or common-law union and thus provides for the equal sharing of such pensions. Both spouses must be at least 60 years of age and have applied for the retirement pensions to which

they are entitled under the Plan.

Program Issues

(i) Survivor Benefits Reform

Federal and provincial officials have held several meetings to discuss ways to modify the CPP survivor benefit structure. The suggestions for modification had two goals: To reflect social changes since the inception of the CPP in 1966, and to address concerns raised in 1985 by the Parliamentary Committee on Equality Rights. The specific proposals were outlined in the Consultation Paper, **Survivor Benefits under the Canada Pension Plan**, which was tabled in the House of Commons during September 1987 and subsequently referred to the Standing Committee on National Health and Welfare for public consultation. The Committee, in turn, tabled its response which contained a number of recommendations intended to improve the major proposal outlined in the Consultation Paper, and requested a comprehensive response from the Government.

In September 1988, the federal government tabled its Response to the Report of the Standing Committee, indicating a commitment to convey, to the provinces, the substance and intensity of the Committee's concerns.

Officials are working to achieve a federal/provincial/territorial consensus, taking into account the recommendations of the Standing Committee and the views expressed during consultation. Further consultations will also be necessary in order to take into consideration concerns of Ministers of Social Services, prior to approval by Ministers of Finance.

(ii) Charter Challenge - CPP Survivors Benefits

Two **Charter** challenges have been initiated in the Courts alleging that the current CPP survivors provisions discriminate on the basis of age (surviving spouses under age 35 are not entitled to a benefit if they are not disabled or do not have dependent children. Further, the benefit rate varies for spouses between ages 35 to 45.)

(iii) Credit-Splitting

The original intent of the credit-splitting provision was to ensure that each spouse retained, as a matter of right, a fair share of CPP protection that would not be

subject to private arrangements between divorcing spouses. Accordingly, the Department advised individuals that the terms of a spousal agreement could not affect their right to a division of credits. In 1983, however, the Pension Appeals Board ruled that a clause in a spousal agreement, which indicated that the spouses had waived their respective rights to each other's property, was sufficient evidence to indicate that the spouses had already agreed **not** to divide CPP credits. (The Pension Appeals Board is currently the final level of appeal under the CPP.)

As a result, many subsequent applications for a division of pension credits had to be denied even though the individuals may have signed spousal agreements containing waivers on the basis of Departmental advice that such agreements did not affect their right to a division of CPP credits. To restore the original intent of the legislation, the Act was amended effective January 1987, to ensure that in future, spouses could not unknowingly waive their rights to a division. For those who signed agreements **prior** to the amending

legislation, the Minister has approved the application of the CPP erroneous advice clause in these cases. More specifically, where it is determined that individuals signed a spousal agreement on the basis of erroneous Departmental advice, and their application for a division was denied as a result, corrective action will be taken to credit, to their CPP record of earnings, the pension credits that they would have received had their original application been approved. The non-applicant spouse will **not** have his/her credits affected by the application of this provision.

Tax Reform and Guaranteed Income Supplement/Spouse's Allowance (GIS/SPA)

GIS/SPA benefit entitlement is based on the income definition in the **Income Tax Act** "minus" specific exceptions prescribed in the **Old Age Security Act**. Benefits are recalculated each April based on the preceding year's income.

Under tax reform, effective for the 1988 tax year, Canada and Quebec Pension Plan contributions and Unemployment Insurance contributions have been

converted from deductions to tax credits, and the employment expense deduction has been eliminated. In order to neutralize the effect of these changes on GIS/SPA beneficiaries, the Government announced that it would introduce legislation to amend the OAS Act to allow for the continued use of these deductions in the

calculation of income for the purpose of GIS and SPA benefits.

I-4

Homemaker's Pension

In 1985 the federal and provincial Ministers of Finance agreed to undertake a joint study on the issues

of retirement income for homemakers. This study was completed by a Working Group, chaired by the Department of National Health and Welfare, under the direction of the CPP Sub-Committee of Officials on Economic and Fiscal Matters in 1988. It is now awaiting consideration by the federal and provincial Ministers.

II

SUPPORT SERVICES TO ASSIST FAMILIES AND INDIVIDUALS

II-1 National Strategy on Child Care

On December 3, 1987, the Minister of National Health and Welfare announced the **National Strategy on Child Care** consisting of three components: \$3 billion for a new **Canada Child Care Act**, \$100 million for the Child Care Initiatives Fund and \$2.3 billion for two tax measures. A further announcement on July 13, 1988 provided an additional \$1 billion for the **Canada Child Care Act** and \$60 million for an Indian Child Care program, with the Act to create 200,000 new quality child care spaces through cost-sharing with the provinces.

Bill C-144, the proposed **Canada Child Care Act** was tabled in the House of Commons on July 25, 1988. It was intended to replace the day care provisions of the Canada Assistance Plan and to provide the Minister of National Health and Welfare with the authority to enter into agreements with provinces and territories to share in the costs to these jurisdictions of providing a wide range of child care services. The Act was not passed prior to the dissolution of Parliament on October 1, 1988. The government is currently reviewing this component of the Strategy.

The Child Care Initiatives Fund (CCIF) provides financial support to projects which will promote innovation in the field of child care, stimulate the creation of services in underserved areas, support initiatives aimed at the enhancement of quality child care services and encourage public awareness programs.

As of March 31, 1989 approximately 85 projects have been approved. The following list of selected projects illustrates the range of development, demonstration and research projects funded to date.

SELECTED CCIF PROJECTS

Pauktutit-Inuit Women's Association Day Care in Inuit Communities	\$ 85,208
Meadow Lake Tribal Council Development of a Native Child Care Program	199,240
Assembly of First Nations Indian Child Care: New Options and Traditional Practices	267,000
The Canadian Association of Toy Libraries and Parent Resource Centres A National Review - Family Support Models in Canada	73,950
Canadian Pediatric Society Development of Health-related Issues that Determine Quality "Out-of-Home" Child Care	1,172,815
C.M. Hincks Institute National Day Care Training Project	517,950
Federated Women's Institutes of Canada Workshop to Develop Criteria on Research on the Child Care Needs in Rural Canada	25,450
National Day Care Research Network Canadian Families and Their Child Care Arrangements	1,200,000
West Coast Child Care Umbrella Resource and Support Society West Coast Child Care Resource Centre	535,450
Douglas College Employer Supported Child Care	66,975
Family Service Bureau of Regina In-Home Emergency Child Care	372,500
Parents' Day Care Cooperative Special Needs Integration Project	181,481
Gloucester Family Day Care The Warm Line: Gloucester Family Day Care Kids Call	163,785
Merrymount Children's Centre Flexible Childcare Model - Rural Communities	\$ 34,669
Teachers of English as a Second Language (Ottawa) Multicultural Resource Kit for Young Children	108,540
Sir Wilfrid Laurier University Outcome Assessment of Four Rural Child Care Programs	69,845
Canadian School Trustees Association School-based Child Care in Canada	57,400
Cerebral Palsy Association of Manitoba Outreach Project	148,119
Davenport-Perth Neighbourhood Centre "Neighbours" After School Pilot Program	145,192

The two tax measures provide enhanced tax assistance to families with young children. For parents with receipted child care, the existing expense deduction was doubled from \$2,000 to \$4,000 for each child six years of age and under and for children with special needs. For parents who do not have receipts for child care or who remain at home with their children, there was a supplement to the Child Tax Credit of \$100 in January, 1988 and a further \$100 in January 1989 for each child six years and younger.

The new initiative for Indian Child Care is currently under review.

II-2 Child Care-Consultation and Cost-sharing with Provinces and Territories

Under the Canada Assistance Plan (CAP) the federal government continues to share on a fifty-fifty basis with the provinces and territories certain costs which these jurisdictions incur in the provision of day care services to eligible clientele as defined in the Act. CAP contributions to the provinces and territories for day care services were approximately \$180 million in 1987/88 and \$200 million in 1988/89.

II-3 Social Services - Promotion and Dissemination of Effective Measures

Various units within the Social Service Programs Branch enable the government to address a number of social issues:

National Day Care Information Centre

The National Day Care Information Centre continued to provide information and consultation to officials of the federal and provincial and municipal agencies, professional associations, community groups, union locals, non-profit organizations, voluntary organizations, educational institutions and the public in such areas as accreditation, employer-supported day care, new policies and information kits on a variety of child care matters. In the area of information development and dissemination, the information maintained by the Centre continued to be updated to reflect current and projected needs.

Adoption Desk

This unit provides consultation, coordination and information services to the provinces and territories in the areas of international

and interprovincial adoptions. As a result of a federal-provincial review of the Desk conducted in 1986-87, several projects have been initiated. These include the preparation of a manual on International Adoptions, and a manual of Provincial/Territorial Legislation and the provision of greater leadership in developing international adoption agreements with foreign countries. The Desk continued to represent the collective interests of the provinces and territories at the international level as well as provide leadership and coordination relating to interprovincial adoptions in Canada.

In the course of the period August 1, 1987 - March 31, 1989, the National Adoption Desk coordinated the adoption placement with Canadian families of one hundred and thirty-six (136) orphan children from other countries. An additional twenty-two (22) children were adopted by relatives residing in Canada. At the end of the period, the Desk had a total of approximately seven hundred and sixty-two (762) active cases of international orphan and relative adoptions. Six (6) Canadian children who have special needs and for whom homes were not available in their own provinces also found permanent families

through the work of the National Adoption Desk.

Disabled Persons Unit

This unit focuses on the needs of persons with disabilities and actively encourages improved services to disabled persons, greater independence and alternatives to institutionalization.

Examples of the activities developed or supported by the Unit included: a study of income support programs for persons with mental handicaps and preparation of a national conference on the late effects of polio.

II-4

Equality - Publications

Social Service Programs Branch publications promote the interests of, and improvements in the quality of services to, specific target populations. Publications produced in 1987-88 and 1988-89 either by the Branch or with financial support from the Branch include the following:

The Abusive Husband: An Approach to Intervention by David Currie. This manual provides information and direction for designing and implementing an

intervention program for abusive husbands which emphasizes the safety and protection issues for the woman.

Wife Assault: A Medical Perspective by the Ontario Medical Association Committee on Wife Assault. This booklet was prepared to give physicians a greater understanding of the problem and to help physicians in dealing with patients in whose family violence occurs.

Independent Living - a series of pamphlets on aids and devices for the disabled.

Lint in Your Belly Button - A Disabled Fable by Audrey J. King - a cartoon format directed to non-disabled to convince readers that, in spite of a dysfunction, the disabled enjoy the same aspirations, ambitions, achievements and emotions as the "able-bodied".

Income Security: The Disability Income System in Canada, a summary and analysis of federal and provincial programs and services for the disabled by The G. Allan Roher Institute.

Nicholas, a video and **Hugs All Around - How Nicholas McCullough Came Home**, a

book, on the provision of respite care for a disabled child in Nova Scotia.

II-5

Humanizing Homes for Special Care/ Institutional Care

The federal government provides substantial financial support to the provinces and territories for residential services primarily through two pieces of legislation, the **Canada Health Act** and the **Canada Assistance Plan**. Under the **Canada Health Act** the federal government provides per capita block grants to these jurisdictions to cover the cost of most adult residential care.

Under the **Canada Assistance Plan**, the federal government shares on a fifty-fifty basis with the provinces and territories costs they incur in providing care to persons in need in residential institutions which qualify as homes for special care within the meaning of the Act. This includes homes for the aged and infirm, shelters and hostels for battered women and transients as well as a range of child care institutions. Expenditures under CAP for maintaining eligible persons in homes for special care were \$363 million in 1987/88 and approximately \$384 million in 1988/89.

II-6 Social Housing

Under the Canada Assistance Plan (CAP) the federal government shares the cost to the provinces and territories of providing assistance to needy persons. This assistance enables persons in need to meet their basic requirements such as food, shelter and clothing.

In addition Canada Mortgage and Housing Corporation (CMHC) and a number of provinces offer subsidized housing to target populations such as low income families, senior citizens and disabled persons. There is continuing liaison and consultation between CAP and CMHC to ensure harmonization and coordination of federal programs and provincial social assistance benefits.

II-7 Economic Self-sufficiency

On September 18, 1985 the Minister of National Health and Welfare together with the Minister of Employment and Immigration and provincial and territorial ministers responsible for social services and for labour market programming reached an agreement on a seven point strategy to help social assistance recipients achieve greater self-sufficiency.

These initiatives are of particular benefit to sole support mothers currently relying on social assistance.

Initially, this agreement represented a federal commitment of \$100 million annually to be matched dollar for dollar by the provinces and territories for a total of \$600 million from

April 1, 1986 to March 31, 1989. In February 1988, the federal amount was doubled from \$100 million to \$200 million for the fiscal year 1988-89 which, when matched by the provinces and territories, will mean a total commitment of \$800 million over the three year period.

As of March 31, 1989, agreements continued to be in place with all provinces and the Northwest Territories.

One of the key elements of this strategy is the evaluation of the initiatives undertaken under these agreements. Evaluation agreements have been signed with Newfoundland, Quebec, Saskatchewan and British Columbia. Negotiations are underway for a similar agreement to be signed with Ontario.

III

FAMILY VIOLENCE, VIOLENCE AGAINST WOMEN AND CHILDREN

III-1

Preventing Family Violence

Family violence in its many forms is increasingly recognized as a complex and pervasive problem which demands sensitive and multi-faceted responses. The federal government aims at reducing the incidence of violence in the family, while protecting and supporting individuals and families in need. An overview of Health and Welfare's efforts follows.

The Family Violence Prevention Division, created in December, 1986, provides leadership and coordination for federal government initiatives in the area of family violence. Two federal initiatives support the mandate of the Family Violence Prevention Division:

1. The Child Sexual Abuse Initiative is a five year

(1986-1991) initiative directed at the problems of child sexual abuse.

2. The Family Violence Initiative is a four year (1988-1992) initiative which permits the undertaking of a range of programming to combat family violence. Funds for this initiative have been allocated to five departments and one agency.

The project management consultants continued to carry out professional activities, such as representing the department on task forces and committees, conducting workshops and providing consultation to professionals and government officials. They were also involved in identifying, analyzing and funding projects related to family violence. To date one hundred and fifty (150) projects have been funded under the Child Sexual Abuse Initiative. Eighty-eight (88) projects have been

funded under the Family Violence Initiative by Health and Welfare as well as Secretary of State, Justice and Solicitor General.

Under the Child Sexual Abuse Initiative the priorities were prevention, treatment, training and education. **Max the Safety Cat**, a prevention kit for day care centres; **Aftermath**, a self-help program offering support to parents of victims of child sexual abuse; and **Treatment Guidelines for the Examination of Children with Sexually Transmitted Diseases** are a few examples of the projects funded under this initiative.

The Family Violence Initiative priority areas are: awareness and information, treatment/ support programs, training and education. Examples of projects funded under the Family Violence Initiative are: a conference on women and wellness in Newfoundland; training

conferences for transition house workers from remote areas; and the initiation of a self-help program for abused women.

III-2

Information Collection and Dissemination

The National Clearinghouse on Family Violence was revitalized and carried out a number of projects related to the dissemination of information on family violence. A large printing of some forty relevant titles on child abuse, wife abuse and abuse of the elderly was completed and many new acquisitions made. One of the new items developed by the Clearinghouse is a listing of all transition houses across Canada which provide shelter to battered women and their children. The Clearinghouse updated the Family Violence Film Collection which now contains over fifty films on child abuse, wife abuse and abuse of the elderly. This joint venture with the National Film Board has proven to be a very successful public education campaign with the films being viewed by over 4.2 million Canadians to date.

A comprehensive catalogue of over 250 audio-visual resources available across North America has also been developed.

The Clearinghouse has set up an information booth at a number of conferences, utilizing the nomadic display and has responded to over 3,000 enquiries from social service organizations, other governments and the general public over the past year. It has automated its holdings and electronic linkage with other clearinghouses and resource centres is being considered.

III-3

Consultation with Provinces and Territories on Family Violence

On November 10, 1988 a team of federal representatives, led by officials from National Health and Welfare, and including representatives from Status of Women Canada, Justice, Solicitor General, Secretary of State, and Indian and Northern Affairs, began a series of meetings with representatives of key provincial and territorial government departments with the overall

objective of initiating a process leading to the development of a long-term national strategy on family violence in Canada.

The objectives of these meetings were to explore the dimensions of the problem of family violence and identify the major issues facing the provinces and territories. All provinces and territories have agreed to a second round of consultations that would have as its purpose identification of long-term priorities, clarification of respective roles, and identification of areas for joint or complementary action.

III-4

Family Violence Research

During 1987-88 and 1988-89 the National Welfare Grants program continued to support research and demonstration projects intended to improve services for women particularly those victimized by family violence. A total of five projects were funded during the period, many of which are long term projects over a five year period.

Selected Projects on Women's Issues

Number	Title	Funding
4552-20-8	Mothers & Children: A Proposal For a Follow-up to Vulnerable Mothers and Vulnerable Children. Nova Scotia	\$ 301,974
4554-29-2	Actualisation de soi et autonomie fonctionnelle des personnes âgées. Québec	120,891
4555-21-22	A Study of the Problem Solving Strategies of Homeless Women. Ontario	32,213
4559-1-69	Enabling Communities to Respond to the Needs of Young Women at Risk. British Columbia	201,407
4555-66-7	Economic Stress, Social Support and Female Single Parents. Ontario	28,269

III-5 Consultations with the National Non-government Sector

In March, 1989, the federal government, led by Health and Welfare Canada, hosted a consultative meeting with the national non-governmental sector. Participants included representatives of native peoples, youth, women, seniors, family, community and social development organizations, professional and interdenominational groups. The object of the meeting was to focus on past, current and future activities in the areas of

child abuse, wife assault and elder abuse and to identify the major issues. A summary report of the consultation meeting is available.

III-6 Special Advisor to the Minister on Child Sexual Abuse.

Since his appointment in August 1987 as Special Advisor to the Minister on Child Sexual Abuse, Mr. Rix Rogers has met with approximately 1200 individuals. He produced a Discussion Paper in November, 1988

which was distributed to approximately 1400 people. He has held four regional workshops on specific topics and one workshop with representatives from the provinces and territories. His final national workshop was scheduled for May, 1989 and his report will be ready for presentation to the Minister in early 1990.

In this issue, we are providing a list of child sexual abuse projects, completed and underway, to demonstrate the extensive involvement of women's organizations in combatting this problem. (See Appendix IV).

IV

SUPPORT FOR VOLUNTARY AND WOMEN'S ORGANIZATIONS

IV-1

National Welfare Grants

The National Welfare Grants contribution program provides support to research and demonstration projects and human resource development activities in order to foster improvement in the quality and availability of social services for Canadians, particularly the disadvantaged. In addition to those projects cited in Section III-4 of this report, the program funds a range of projects which directly or indirectly benefit Canadian women, for example, projects related to day care services.

The program also administers National Welfare Fellowships for doctoral work related to social services. In 1987/88, nine of seventeen and in 1988/89, ten of seventeen recipients of this prestigious award were women.

IV

Health Promotion Contribution Program

The Health Promotion Contribution Program funds non-government organizations to conduct projects that increase public participation in health promotion. This is intended to improve the capacity of non-government organizations to develop and deliver health promotion programs, to improve information exchange among organizations and to develop a better knowledge base for health promotion programming.

Within the Program women are one of three target groups that are given priority for funding. Women's health issues are seen from a broad perspective that emphasizes the impact of social factors on physical and mental health. Some of these factors are: low incomes among women, especially older women; sex stereotyping

experienced by women dealing with the health care system and other institutions; conflicts in, and lack of support for, the dual role of many women as income-earners and family care-givers and sexual discrimination.

A report on this program for the period under review is contained in Appendix II.

IV-3

National Voluntary Social Service Organizations (Sustaining Grants)

Twenty-eight national voluntary social service organizations were provided with sustaining grants in 1987/88 and 1988/89 totalling \$3.3 million each fiscal year to assist them in meeting their basic operating costs and carrying out national program activities. Many of these national organizations have a particular focus on issues of concern to women. Examples include:

- . Young Women's Christian Association of Canada
- . Boys and Girls Clubs of Canada
- . Canadian Association on Gerontology
- . Canadian Council on Homemaker Services
- . Family Service Canada
- . Canadian Council on Social Development
- . National Anti-Poverty Organization
- . Canadian Child Welfare Association
- . Canadian Council on Children and Youth.

IV-4

National Voluntary Health Organizations (Sustaining Grants)

The National Voluntary Health Organizations Program provided sustaining grants totalling \$2,899,000 to assist 50 national voluntary health organizations in meeting their basic operating costs and in carrying out national activities. Many of the recipients of these grants have a particular focus on issues of concern to women. Examples include:

- . Allergy Information Association
- . The Arthritis Society
- . Canadian Fertility Research Association
- . Canadian Foundation for Ileitis and Colitis
- . Canadian Institute of Child Health
- . Canadian Mental Health Association
- . DES Action/Canada
- . La Leche League of Canada
- . Osteoporosis Society of

Canada

- . Planned Parenthood Federation of Canada
- . Serena Canada
- . Turner's Syndrome Society of Canada

Most of the other organizations also impact on the health and well-being of women, either because they assist in coping and treatment of various diseases or conditions, or they assist women who are caregivers.

Senior Initiatives (See also IV-6)

In February 1988 a four part series of federal government initiatives were introduced to help improve the quality of life for seniors in Canada. The components of these initiatives are: a \$20 million Seniors Independence Program which will fund projects aimed at improving the quality of life and independence of seniors; a \$4 million research fund, which will focus on diseases affecting seniors (particularly Alzheimer's Disease and osteoporosis); additional funding for the New Horizons Program; and increased support for the National Advisory Council on Aging.

IV-5

New Horizons Program

New Horizons is continuing to provide opportunities for older, retired Canadians to plan, operate and participate in meaningful activities of their own choosing which prove

beneficial to themselves and their community. In 1987/88 the program funded 1,852 projects at a cost of \$8.8 million involving more than 200,000 older Canadians. In 1988/89, the program funded 1,862 projects at a cost of \$13.9 million involving more than 250,000 older Canadians.

The target population of this program comprises older, retired Canadians i.e. persons who are over the age of 60 and permanently retired from the work force. This group will continue to increase more rapidly than most other population groups. In a 1984/85 study by Statistics Canada of a sample of projects funded, 65% of project participants were reported to be women. This trend is expected to continue.

Women participate in nearly all of the more than 300 different types of activities which New Horizons funds. Some projects address special problems. Groups which lend emotional support for widowed and single women are examples of some of the funded projects which deal with special needs.

Women are also active, often in executive capacities, at the regional, provincial and national levels of senior citizens' organizations.

Through their own efforts, and by the example of their successes, older, retired Canadians develop new roles for themselves and demonstrate to the public at large their continuing ability to be

contributing and vital members of their communities. Women are very much involved in this raising of public consciousness of the later years.

IV-6

Seniors Independence Program (SIP)

The Seniors Independence Program provides opportunities for voluntary, non-government, non-profit groups and

organizations for health, education, and social welfare projects designed to enhance the quality of life and independence of seniors. Significant seniors involvement is an essential element of project proposals.

In 1988-89, its first year of operation, the Program has funded 101 projects in a total amount of \$2.95 million. Priority is given to community-

based projects which direct particular attention to the needs of women seniors, seniors living in rural and remote areas, and seniors who are less advantaged due to life circumstances.

In the 1988/89 fiscal year, the following twelve projects funded by the Seniors Independence Program specifically target the needs of women seniors.

SELECTED SIP PROJECTS

TITLE	FUNDING
Aidamie: Groupe d'entraide pour personnes en deuil Animation 55 Plus Hull, Québec	\$ 49,895
Aînés en santé Centre Berthiaume du Tremblay Montréal, Québec	29,122
Les Pays d'en Haut, un bon voisinage L'entraide bénévole des Pays d'en Haut Inc. St-Sauveur, Québec	17,200
Plein feu sur la vie Union culturelle des Franco-Ontariennes Ottawa, Ontario	193,528
Preparing for the Later Years Working Women Community Centre Toronto, Ontario	21,138
For Yesterday, Today and Tomorrow Federation of Italian Canadian Seniors Toronto, Ontario	425,173
Senior Widows Support Group Portuguese Social Service Centre Toronto, Ontario	95,042
Sistering Toronto, Ontario	285,274
Outreach Education for Professionals Ontario Gerontology Association Thorold, Ontario	145,000
Handbook on Elder Abuse Ontario Association of Professional Social Workers Toronto, Ontario	129,000
Rupert's Land Respite Care Winnipeg, Manitoba	58,100
A Self-help Mutual Aid Program for Depressed Older Women First Mature Women's Network Society Vancouver, British Columbia	26,613

Women are active participants in the design and delivery of virtually every project funded by the Seniors Independence Program. Due to the fact that women constitute the majority of seniors, nearly all projects will prove beneficial to their well-being.

IV-7

Canada Volunteer Award and the Thérèse Casgrain Award

The Canada Volunteer Award was established in 1977 by the Department of National Health and Welfare to recognize and encourage those Canadians who have made an outstanding voluntary contribution towards improving the health and social well-being of their fellow citizens.

The Award is presented annually by the Minister of National Health and Welfare on behalf of all Canadians to acknowledge outstanding contributions at the community level. To date, more than 500 Canadians have been honoured.

This year, the 29 recipients chosen by a National Selection Committee, to receive the Honour Award, were: Joyce Sandra Hayden (Whitehorse) Edith Chamberlayne (Qualicum

Beach) Evelyn Lett (Vancouver) Zoe Oreck (Vancouver) Wyn Wheeley (Vancouver) John Wilson (Vancouver) Hilliard "Boots" Cooper (Edmonton) Clifford Willmott (Calgary) Mildred Baldwin (Yorkton) Ruth Horlick (Saskatoon) Louis Horlick (Saskatoon) Joan Anderson (Winnipeg) Matilda Hagglund (Winnipeg) Robert Gwilliam (Toronto) Linda Lockyer (Alton) Margaret MacGee (London) Jean Precious (Ottawa) William Watson (Sharon) Ann Marie Wicksted (Barrie) Yolande Calvé (Maniwaki) Joanne Farley (Pointe Claire) Estelle Chamberland Gobeil (La Patrie) Roger Lague (Farnham) Elisa Morin (Pointe aux Trembles) Travis Cushing (Saint John) Doris Norman (Fredericton) Jacqueline Keyston (Halifax) Vernie Webber (Bridgewater) Joyce Nevitt (St. John's). Certificates of Merit were also presented to 52 recipients for their remarkable contribution to health and social services. Presentation ceremonies were held at the local level by their Member of Parliament/or and sponsoring organization.

The Thérèse Casgrain Award was established in 1982 to perpetuate the memory of the late Senator Thérèse Casgrain. It is presented annually to

outstanding Canadians whose avant-garde spirit, social commitment and persistent endeavors have contributed significantly to the advancement of a social cause and the well-being of their fellow citizens.

In April 1988, the Honourable Jake Epp, Minister of National Health and Welfare, announced that Susan Daglish of Toronto, and Reverend Noël Mailloux of Montreal, had been chosen as recipients of the Thérèse Casgrain Award.

Each recipient received a medallion bearing a likeness of the late Senator as well as a cash gift to be donated to the charitable organization of their choice.

Thérèse Casgrain, a native of Montreal, was the force behind various social reforms in Canada to promote justice and equality. She was involved in a number of provincial, national and international organizations and was one of the pioneers in the women's rights movement in Canada. She chose to defend the cause of disadvantaged members of society, to denounce social injustice and to lend a voice to those who had none. Senator Casgrain worked throughout her life for national unity. She died on November 3, 1981.

NATIONAL WELFARE GRANTS

Selected Projects on Women's Issues 1987-89

Number	Title	Funding in 1987-89
4552-1-51 (1988-1989)	GROUP COUNSELLING PROJECT: TEENAGERS AT BRYONY HOUSE /The Inst. for the Study of Women & Halifax Trans. House (N.S.)	\$ 80,000.00
4559-1-69 (1987-1988)	ENABLING COMMUNITIES TO RESPOND TO THE NEEDS OF YOUNG WOMEN AT RISK/ Vancouver YWCA (B.C.)	75,979.00
4552-20-8 (1987-1988)	MOTHERS & CHILDREN: A PROPOSAL FOR A FOLLOW-UP TO VULNERABLE MOTHERS & VULNERABLE CHILDREN./Dept. of Social Serv.(N.S.)	40,000.00
555-66-7 (1988-1989)	ECONOMIC STRESS, SOCIAL SUPPORT AND FEMALE SINGLE PARENTS /Univ. of Western Ontario (Ont.)	5,119.00
4554-35-40 (1988-1989)	LES DYNAMIQUES SOCIALES A L'OEUVRE DANS LA PRODUCTION DES POLITIQUES SOCIALES RELATIVES A LA FAMILLE/Université de Montréal (Qué.)	33,500.00
4577-18-3R (1988-1989)	A REVIEW OF THE DISABILITY LITERATURE AND ITS RELEVANCE TO ALZHEIMER'S DISEASE AND OTHER DEMENTIA/Walter Dinsdale Ctr. (Alta)	2,900.00
TOTAL		\$237,498.00

V

FAMILY HEALTH

V-1

Family And Child Health Program

A multidimensional approach to family health is being designed to address the factors that affect the health of individual family members (ie. men, women and children) and consequently the family as a "unit". Program development will emphasize initiatives that seek to enable families to meet the demands of work and family responsibilities.

V-2

Parenting Resource Project "Nobody's Perfect"

The program is designed for disadvantaged families with a view to providing parents with up to date information on children's health, safety, development and behaviour. The program is scheduled for national implementation in 1989-1990. Implementation is beginning already in Nova Scotia, New Brunswick, Newfoundland, Alberta and parts of Ontario as well as Quebec.

V-3

Postpartum Parent Support Program

The health promotion program uses hospital and community health professionals as adult educators to provide consistent education to families of newborn children and to ensure liaison and appropriate referral between the hospital and community health services. A national marketing, promotion and implementation is currently underway.

VI

WOMEN'S HEALTH PROMOTION

VI-1 Women's Health

The Report **Issues and Priorities for Women's Health in Canada: A Key Informant Survey** summarizes the major health issues and problems as identified by over 50 experts during interviews conducted in 1986. The document, which also describes factors relevant to women's health and changes required, was reprinted and distributed to national organizations and interested individuals in December 1988.

a. Aging

In November 1988 Health and Welfare hosted a national meeting on the Seniors Independence Program (SIP) for representatives of Canadian women's groups and agencies. The purpose of the meeting was to provide information on the operation of SIP; promote the involvement of older women in the definition, planning, and implementation of

projects; stimulate the development of innovative, high quality projects and encourage cooperation between organizations."

Population aging," involving a substantial increase in the population (especially female) of persons aged 65 and over, is recognized as one of Canada's major social issues. In 1988 Canadian persons aged 65 plus numbered 2.9 million and represented 11.1 percent of the population compared to 4.0 percent for developing countries, and 5.0 percent for the world. The most dramatic growth so far has been in the population aged 80 plus, which is predominantly female. In 1988, the 80 plus group represented 20.2% of the elderly population with 65.9% females, reflecting a difference of 6.8 years in life expectancy. In 1986 this difference was 6.2 years, 73.0 years for males, 79.8 years for females.

The Seniors Secretariat was established within Health and Welfare Canada to provide

support to the Minister of State for Seniors. Shortly thereafter, in recognition that most seniors are women and that there were gender-specific needs as well as different conditions affecting the lives of senior women and men, a **Round Table on Women and Aging** was held January 24-26, 1988. Participants identified major issues, for further exploration at a workshop to be held in conjunction with the annual meeting of the Canadian Association on Gerontology and to assist the federal government in the further identification of issues affecting senior women.

Seniors, academics and professional service providers participated. Health and economic sufficiency were the two major issues identified as the ones most needing government action. Under the heading of health were: the need for better information and programs to educate the public, and health and social service workers; better long-term institutional care and community health care;

and abuse of drugs and mental health. Under economic self-sufficiency some of the issues identified were: the need for accessible and affordable housing, pensions and better access to employment training programs.

The subsequent **National Workshop on Women in an Aging Society** in October, 1988, focussed on the two key issues namely, health and the health care system and economic self-sufficiency.

Regarding health, it was recognized that health problems seen in the aged were not necessarily an accompaniment of aging. It was considered that the approach to health and the health care system should be humanistic and holistic, autonomous not "merely beneficent". Seniors, wherever possible, want to make decisions for themselves and be involved in decision making processes. Culturally sensitive information was stressed.

With respect to housing it was recognized that there was a need for more imaginative

designs in support of seniors' needs. One solution was to encourage more women to become architects.

Consideration was given to retraining senior women and to the possibility of creating more jobs for them as consultants. There was an emphasis on the need for gender-specific, community-based research on aging and the need to integrate seniors into the mainstream of community life.

Health Promotion Contribution Program held a Project Forum "**AGING: Toward a New Perspective**", September 21, 1988 which addressed health promotion issues that concern seniors.

The purpose of this forum was to inform people working with the federal government about the kinds of community-based health promotion projects for seniors that the Program supports.

Projects presented included: Seniors and the Law; Apprendre à Vieillir (Learn to Age); The Elderly Immigrant; an Alzheimer's Resource Centre Project; a Farmworkers Health Improvement Project;

and Smile for Life/Sourions à la Vie.

b. Sexually Transmitted Diseases Booklet

A booklet on sexually transmitted diseases (STD), targeted to young people between the ages of 15 and 24, has been developed as a joint effort between the Department (LCDC and HPD) and the Federal Provincial Advisory Committee on STD. The pamphlet has been focus tested with young people and is expected to be made available for distribution in August/September, 1989.

c. Canada's Health Promotion Survey

During the past year the Department produced several technical reports from Canada's Health Promotion Survey with information on the health of Canadian women. Additionally the **Active Health Report on Seniors** (completed) and the **Active Health Report on Women** (under development) addresses issues germane to the health of women using data from the Survey.

Health and Welfare Canada (1988) *Canada's Health Promotion Survey: Technical Report*. Eds. I. Rootman, R. Warren, T. Stephens and L. Peters. Ottawa, Minister of Supply and Services Canada.

Health and Welfare Canada (1988) *Canada's Health Promotion Survey: Technical Report Series. Special Study on the Socially and Economically Disadvantaged* by Russell Wilkins. Ottawa, Minister of Supply and Services Canada.

Health and Welfare Canada (1988) *Canada's Health Promotion Survey: Technical Report Series. Special Study on Youth* by Andrew Signer. Ottawa, Minister of Supply and Services Canada.

Health and Welfare Canada (1988) *Canada's Health Promotion Survey: Technical Report Series. Special Study on Adults with an Activity Limitation* by André Charette. Ottawa, Minister of Supply and Services Canada.

Health and Welfare Canada (1988) *Canada's Health Promotion Survey: Technical Report Series. Special Study on the Relationship between Social Networks and Health Promoting Behaviors and Attitudes* by Ross Norman. Ottawa, Minister of Supply and Services Canada.

Health and Welfare Canada (1988) *Canada's Health Promotion Survey: Technical Report Series. Guidelines for Community-Based Health Promotion Surveys* by Gary Catlin. Ottawa, Minister of Supply and Services Canada.

Health and Welfare Canada (1988) *Canada's Health Promotion Survey: Technical Report Series. Special Study on Labour Force Groups* by Paul Rosenbaum and Judith Bursten. Ottawa, Minister of Supply and Services Canada.

VI-2

Mental Health

Mental Health for Canadians: Striking a Balance is a mental health promotion discussion paper prepared by the Mental Health Division of this Department, and released in September 1988.

Striking a Balance offers a broad innovative definition of mental health which emphasizes the social nature of all human life and the core values of democracy: a concern for social justice, the need for public participation in decisions that affect their lives, the importance of community as a locus for everyday life, and the desire for equity.

The discussion paper approaches the three major health challenges identified in

Achieving Health For All - reducing inequities, increasing prevention, and enhancing coping - from a perspective which gives appropriate consideration to mental disorder by seeking to ensure that our services are best designed to meet the needs of the ill. But, just as importantly, **Striking a Balance** emphasizes the need to provide the conditions necessary for the optimal mental health of all Canadians, including those with mental disorders. Among these conditions are adequate family incomes, decent and affordable housing, good nutrition, increased opportunities for people to influence decisions governing their lives in the workplace, in the home and in the community, elimination of fear of violence in family and in society, and an ecologically safe environment.

Striking a Balance offers a number of guiding principles, among others, those concerned with human rights and citizenship, professional and consumer participation in the design and implementation of mental health initiatives, and the strengthening of communities.

A series of federal/provincial consultations around the concepts, ideas and principles of "Striking a Balance", launched in New Brunswick recently, will ultimately involve all provinces and territories.

Canada's Mental Health is a fully refereed quarterly publication produced by the Mental Health Division. It is directed to mental health professionals and interested lay persons to foster the promotion of mental health disorder. The publication and

the prevention of mentalis also designed to assist in the further development and improvement of Canadian mental health services.

VI-3

Alcohol and other Drugs

The program is served through two national strategies. The National Drug Strategy and the National Impaired Driving Strategy. While neither of these programs currently target women only or specifically at this point in time, women are a part of the general targeting.

The impaired driving issue is that of making drinking and driving socially unacceptable. It targets 15-24 year olds as the primary group. Young males are much more implicated than young females. A pamphlet was produced for 12-15 year olds who are often driven by impaired drivers for dates, baby sitting, parties, etc. called "Twelve Lousy Reasons for Riding with a Drinking Driver". The program has components of public awareness and information advertising, education and training, community action projects, community funding, server intervention, and research.

The drug issue is concentrating initially on teenagers ages 11-17, and their parents as key influencers and role models. The drug of choice now being addressed is alcohol. The program components include public awareness and information, education and training,

community forums, community funding and research. Women were identified as one of the priority groups for the use of prescription drugs. When this target group will be focused upon will depend upon continued funding into the next five year time frame.

The Parent Drug Education Project

The Parent Drug Education Project is being developed under the National Drug Strategy for a population that is generally under-served - low income, moderately educated, "information poor" parents. Although there are many programs for educated parents, none are suited to the needs of the disadvantaged group.

Because the long-term goal is to prevent harmful use of drugs by adolescents, the program is directed toward parents of children ages 10-12. The challenge of this program has been to develop appropriate resources that are easy to read and to understand as well as innovative ways of reach the target group before a crisis occurs. National implementation of the program is planned for 1990-91.

VI-4

Tobacco

In June 1988 Royal Assent was given to the Tobacco Products Control Act. This legislation, which had been introduced in the House of Commons in April, 1987 by

the Honourable Jake Epp, the then Minister of National Health and Welfare, bans all forms of advertising and promotion of all tobacco products available in Canada. It also ensures that strongly worded, prominent and rotating health warnings are included on packaging for all tobacco products. Toxic substances found in tobacco products are to be reported to federal authorities and listed prominently on the packaging, and manufacturers and importers are to report production, importation and sales for their products.

As part of the National Program to Reduce Tobacco Use in Canada, Health and Welfare has participated in two working groups that identified priorities and procedures to increase the understanding and awareness of women's tobacco use.

The **Background Paper on Women and Tobacco** was released in January 1988 to provide material in preparation for the national workshop hosted by Health and Welfare Canada in March 1988. This workshop convened 60 representatives of groups concerned with tobacco and health and women's health to discuss priorities and strategies for future activities. Proceedings are being prepared.

Audio-visual materials on tobacco were reviewed and the need for additional material specific to girls and women was identified.

Assistance was provided to the Canadian Council on Smoking and Health in the design of promotional materials for National Non-Smoking Week in January 1988, with a theme of Women and Tobacco.

Other related projects in the tobacco program include:

- an advertising campaign aimed at 12-17 year olds to promote positive attitudes toward not smoking
- development of a pre-school education program
- production of a pamphlet to encourage parents to discuss tobacco use with their children, **Kids Decide, But Parents Can Tip the Scales**.

VI-5 Nutrition

In October 1988, Health and Welfare released two documents related to the issue of weight and health which is an issue of particular significance to Canadian women. **Promoting Healthy Weights: A Discussion Paper** is a strategic framework for health promotion and preventive action designed to encourage and support Canadians in achieving healthy weights. **Canadian Guidelines for Healthy Weights** is a technical document which provides the scientific rationale for the selection of new weight guidelines for Canadian adults. Women at a lower educational level will be a specific target

group in the plans to implement the strategic framework.

The Nutrition Recommendations for Canadians which act as dietary guidelines for the healthy population are in the final stages of review and update. Reports from the Scientific Review Committee and the Communications/Implementation Committee will be filed with the Minister in June 1989. Implementation strategies will be broad-based and will impact on the health of women.

Health and Welfare Canada has provided financial and technical support to the preparation of Nutrition Guidelines for Preschoolers. The Guidelines are a collaborative project of the network of Federal/Provincial/Territorial Group on Nutrition, National Institute of Nutrition and an Advisory Committee on Preschool Nutrition.

a. Nutrition Labelling

Guidelines for a voluntary nutrition labelling scheme were issued by the Food Directorate, Health Protection Branch, November 23, 1988. The scheme is based on the recommendations of a multisectorial working group. Its purpose is to provide a standardized description of a food's nutritional value which is accurate and useful. Information will be displayed on labels in a panel entitled "Nutrition Information",

followed by the serving size, the energy value (in Calories and kilojoules) and the contents of protein, fat and carbohydrate (in grams) per serving. Other nutrients may be listed following a prescribed format including fatty acid groups and cholesterol; sugars, dietary fibre; sodium and potassium; vitamins and other minerals. In order to implement nutrition labelling, amendments to the Food and Drug Regulations pertaining to nutritional statements were promulgated at the same time (see Schedule No. 655, Canada Gazette, Part II). It is likely that nutrition labelling will appear on more and more food products over the next few years. Although this initiative is not specifically directed at women, efforts to increase the availability of nutrition information at the point of purchase are supportive of strategies for promoting women's health.

b. Infant Formula

Currently the Food and Drug Regulations set out compositional and labelling requirements for infant formulas and for products represented as containing infant formula that are sold in Canada.

The Health Protection Branch has recently developed proposed regulations which will require that manufacturers or importers of all new infant formulas or formulas which have undergone a major

change in composition, manufacturing or packaging, notify the Branch prior to the distribution of such formulas in Canada. It is proposed that manufacturers or importers of new infant formulas or of formulas which have undergone major changes, submit information demonstrating that a formula is safe and nutritionally adequate to support acceptable growth and development of the infants for whom it is intended. It is expected that the pre-market notification regulations will be promulgated early in 1989. Canadian infant formula manufacturers and importers were consulted by the Branch during the development of these proposed regulations and of the guidelines which will accompany them.

In addition to the above proposed regulations and guidelines, the Health Protection Branch, in conjunction with Canadian infant formula manufacturers and importers, has developed good manufacturing practices for infant formulas. These are intended to ensure that the manufacture of infant formulas results in products which are safe and of adequate nutritional composition.

The Health Protection Branch continues its inspection and compliance programs, which include infant formula, and which are a further safeguard with respect to the manufacture, composition and labelling of these products.

VI-6

Home Care - Federal/ Provincial/Territorial Working Group

The major focus of this Working Group is to develop positions on home care issues and make recommendations for strategic action. The final report for this Working Group was scheduled for the Fall of 1989 to the Advisory Committee on Community Health. Although this Working Group will not address specifically the role of women as health care providers in home care settings, it will address some issues that are of significant importance to women who are caregivers in the home. The issues of respite care and palliative care are examples in point.

VII

WOMEN'S HEALTH RESEARCH

VII-1

National Symposium on Changing Patterns of Health and Disease in Canadian Women

See Introduction

VII-2

Mental Health

In conjunction with the publication of the discussion paper **Mental Health for Canadians: Striking a Balance**, the National Health Research and Development Program announced a mental health research competition inviting proposals for projects and for critical review papers. Foci of the literature reviews included: individual, group and environmental factors which, singly or in combination, contribute to or impact upon mental health; those which, singly or in combination, have a bearing on the distribution and occurrence of mental illness; consumer participation in the design and delivery of services or programs for the mentally ill or for the promotion of mental health; community based services

or programs for the mentally ill or for the promotion of mental health; and measures and indicators of the mental health status of populations, from the perspective of their validity and power in identifying and estimating the contribution of group and environmental factors to mental health. To encourage the participation of women's mental health researchers, the Senior Adviser Status of Women advised the Canadian Research Institute for the Advancement of Women of this special competition.

VII-3

Cancer

In October 1988 the Canadian Cancer Society, with funding from Health & Welfare Canada, hosted a national conference entitled, "Cancer Control in Canada: The Challenge to Coordinate".

The more than 80 delegates from national, provincial, and local cancer organizations and government agencies unanimously agreed that there was a need for greater

coordination among those involved in various aspects of cancer prevention and control in Canada. It was also decided that the best way to develop and establish a model framework for coordination was to set up a multipartite task force.

The Cancer Section of the Surveillance and Risk Assessment Division, Health Protection Branch is involved in a program of disease surveillance and research into risk factors for chronic diseases, especially cancer and cardiovascular diseases. Recently completed studies (C), those under way (U) and those planned (P) are outlined below:

a. Lung Cancer and Radiation Exposure

A case-control study of women and men with lung cancer conducted in Timmins, Ontario examines exposure to cigarette smoke (active and passive), household and occupational radon and dietary patterns in relation to the risk of developing lung cancer.

The study is expected to be completed by the summer of 1989. (U)

b. Diet and Cancer

Nutrition Canada Mortality Study. Just completed was a cardiovascular disease mortality study (1970-1981) of over 8,000 women and men who participated in the **Nutrition Canada Survey** (1970-72). The mortality follow-up period is now extended to the end of 1985. A study of the relationship between breast cancer and alcohol consumption in women is in progress. The expected completion date is March 1989. (C,U)

c. Breast Cancer

Female Cancer Temporal Pattern Study. The incidence and mortality trends of female cancer of the breast, cervix uteri, uterus corpus and ovary were analyzed in Canada and provinces. The effect of food and drug consumption patterns and environment changes were investigated. The planned output is a journal article as well as a government report. (U)

Alberta Cancer Survival and Prevalence Study. This record linkage study involves the computer linkage of 19,000 cancer incidence records from Alberta for the period 1974 to 1978 to death records in order to determine cancer prevalence and crude and relative cancer survival rates. Cancers of the female reproductive tract and breast were associated with high (70%) five year relative survival rates. This project was initiated in January, 1987 and is expected to be completed by January of 1988. The expected output will be two journal articles. (C)

VII-4

Cardiovascular Disease

Canada Health Survey Cohort Mortality Study. A computerized iterative record linkage procedure was used to combine the risk exposure data of CHS cohort and the death data of the Canadian Mortality Database. The effects of food, drug and demographic risk factors on

general mortality and cardiovascular disease has been investigated. The evaluation of social inequality or mortality in Canada is in process. The study is expected to be completed by December of 1989. (C,U)

VII-5

Extramural Support (NHRDP)

A report on this program for the period under review is contained in Appendix III.

VII-6

Research on Aging

One of the important issues facing Canadian society is the aging of the Canadian population. In response to this emerging issue the Department commissioned and released three research studies focussing on different facets of this issue: **Support to Informal Caregivers; Assessment of Long-Term Care Models; and Older Workers in an Aging Society.**

VIII

REPRODUCTIVE HEALTH

VIII-1

Federal/Provincial/ Territorial Working Group on Adolescent Reproductive Health

This very active federal/provincial/territorial Working Group is nearing the end of its mandate. The purpose of the Working Group is to develop an action plan that promotes the reproductive health of adolescents by the coordinated development, across jurisdictions, of community based services which have the objectives of reducing the incidence of adolescent pregnancy and ameliorating the negative sequela of adolescent pregnancy.

The final report will be tabled in the Fall of 1989 to the Advisory Committee on Community Health.

VIII-2

Ovulation Monitors for Pregnancy

Ovulation monitors are presently sold over-the-counter and are not subject to

regulatory controls. These monitors are not medical devices and therefore are not subject to the Medical Devices Regulations.

VIII-3

Pregnancy Kits

Pregnancy diagnostic kits are presently sold in Canada under the Medical Devices Regulations. However, specific labelling and performance standards to ensure safe and reliable usage have not been implemented. A workshop to discuss such standards was held and included input from women's groups representing the interests of the users of such products. Guidelines for use of Pregnancy kits have been developed for publication in the future.

VIII-4

Chemical Safety

a. Monitoring of PCBs in Human Milk

A national survey of polychlorinated biphenyls

(PCBs) in breast milk was undertaken in 1981-82. This study was completed recently. A total of 210 samples were analyzed for PCBs (as Aroclor 1260). PCB residues were found in all breast milk samples albeit at very low levels. The mean residue level was 26 ng/g whole milk. Although this represented a numerical increase over the 1975 national average, much of this increase can be attributed to improved analytical sample collection techniques. Therefore, it will be necessary to monitor levels over a number of years so as to definitively establish any trends. To this end, another national survey has recently been initiated.

Recent Progress (1987-88)

Four hundred samples of breast milk have been collected and put in frozen storage for analysis over the next three years. A robotic analyzing system for use in this project has been purchased. It is being validated against the manual method for the determination of PCBs in milk.

Recent Progress (1988-89)

Analysis is continuing of the 400 samples of breast milk previously collected. Results are expected to be available in 1989.

b. Study of Effects of PCBs on Reproduction and on Infant Behaviour

The objective of this study is to determine the effects associated with different body burdens of PCBs on reproduction and to assess their potential for producing immunological and behavioural deficits in the offspring. The four concentrations of PCB chosen for this study range from low exposure levels to concentrations which are considered to be several multiples above the highest concentration of PCB that may be ingested by the top five percentile of the human population.

c. Improvement of Methods to Evaluate Human Teratogenic Potential of Chemicals in Food Chain

A genuine understanding of fetal malformations induced by chemicals should begin with comprehension of

physiological disorders of electrolyte, acid-base and hemoglobin systems in the maternal organism produced by chemicals. These disorders during embryo-fetal development can disrupt intracellular metabolism and cellular functions. Since these physiological studies on embryos during embryogenesis - a period readily vulnerable to teratogenesis - are not feasible due to small size and difficulty of obtaining arterial blood, the physiological studies on maternal organism seem relevant for predicting any disruption in embryo-fetal physiology.

Studies are in progress in animal models to determine the role of physiological alterations of chemicals in the maternal organism that can be related to fetal malformations.

VIII-5 Sexually Transmitted Diseases

The Bureau of Communicable Disease Epidemiology reported a 29% decrease in overall rates of certain sexually transmitted diseases (STD) from 1986 to 1987, although fewer decreases occurred among rates of reported STD for women than men.

Sexually transmitted infections and acquired immunodeficiency syndrome (AIDS) comprised 24% of the total of notifiable diseases in Canada in 1987. A total of 30,981 cases were reported.

a. Trends in Pelvic Inflammatory Disease (PID)

In the fiscal year 1984/85 (the last year for which data are available) the overall rate of hospitalization for PID was 289.1 per 100,000, virtually unchanged from the previous fiscal year. Increases in rates of PID of 4%, 2% and 2%, respectively, were observed in the age groups 15-19, 30-34 and 35-39, while a decrease of 3% occurred in the age group 25-29.

b. Genital Chlamydial Infection

During 1987, 9825 laboratory reports of chlamydial infections were submitted by World Health Organization (WHO) participating laboratories, a slight increase from the 9735 reports received from these labs in 1986. Chlamydial surveillance was expanded to include 34 labs not participating in the WHO

system, which submitted an additional 11,584 reports of chlamydia.

The largest proportion (73%) of reports involved females; over half (56%) of age- and sex-specified reports involved females 15 to 24 years of age.

c. Trends in Ectopic Pregnancy

The incidence of ectopic pregnancy continued to increase. In 1984/85 one in every 78 reported pregnancies was ectopic, compared to one in every 83 pregnancies in 1983/84 and one in every 175 pregnancies in 1971.

d. Sexually Transmitted Diseases in Children and Youth

In 1987 there were 72 reported cases of gonorrhea in children under 10 years of age. Excluding those infections acquired during childbirth, gonococcal infections in prepubertal children are considered to be acquired through sexual abuse until proven otherwise.

In January 1987 LCDC began a nationwide surveillance program of STD in sexually abused minors. The objective is to determine the incidence of notifiable and non-notifiable STD in sexually abused children referred to sexual abuse treatment centres. Nineteen centres across the

country are participating in the surveillance program. To December 1987 11 reports were received. Ten of the 11 cases were female and only one of these was postpubertal. The findings emphasize the need for examination for STD in any child who has been sexually abused.

e. Cervical Dysplasia

In 1987 cervical cancer was the cause of death of 428 Canadian women. Decreases of 4% in incidence and 5% in mortality of cervical cancer were observed from 1970 to 1987.

Although cervical cancer is preventable through routine screening for cervical dysplasia, survey data show that 35% of women aged 15 to 24 have never had a Pap smear. The likelihood of having a Pap smear, as for other preventive practices, is lower among women of lower socioeconomic status.

f. AIDS

Summary of Federal Centre for Aids Activities

The Federal Centre for AIDS (FCA) was established as a new Directorate within the Health Protection Branch on September 1, 1987. The Centre's activities include surveillance, epidemiologic research, laboratory research, coordination of clinical trials

to test new drugs, communications, public education, policy development and international and intergovernmental liaison.

AIDS is a reportable condition in all Canadian provinces and territories. Laboratory evidence of human immunodeficiency virus (HIV) infection also is reportable except in three provinces.

To October 24, 1988, there have been 2,095 cases of AIDS reported to the National Surveillance Program. It is estimated that 30,000 to 50,000 Canadians are infected with the Human Immunodeficiency Virus (HIV), the cause of AIDS.

Women have been identified as an important target group for AIDS information, and the FCA is in the process of preparing a pamphlet for women.

It is estimated that 800 to 4000 women are infected with HIV. These women are at substantial risk of developing severe illness and of transmitting HIV infection to their sexual partners and newborn children.

Approximately one-third of AIDS cases among women are reported among women from countries in which heterosexual transmission is considered to be the predominant mode of spread, which include certain Caribbean and Central and

East African countries; one-third are among women who are heterosexual partners of men known to be infected with HIV or at risk of HIV infection; and about 28% occur among women with "other" risk factors, including intravenous drug use and receipt of blood and blood products.

Six percent of reported AIDS cases in Canada are female (110 adult, 21 paediatric). The risk factors for the 110 adult female cases include injection drug use (three percent), blood/blood product recipient (25%), heterosexual activity (66%), and risk factors were not identified in six percent of female cases. The heterosexual activity category includes (one) woman who originated in a country with a high prevalence of HIV infection and where heterosexual activity is the primary mode of transmission of HIV infection, and (two) women who reported heterosexual activity with a high-risk person.

The first AIDS case was reported in Canada in February 1982, approximately eight months after the syndrome was described in the United States. The proportion of women among all AIDS cases decreased from 18% in 1982 to five percent in 1988. The provinces of Ontario and Quebec accounted for over 80% of AIDS cases in women in Canada.

VIII-6 Labelling of Contraceptive Drugs

Contraceptive drugs include the oral hormonal contraceptives which have been reported on in Section 7 and the spermicides sold as nonprescription drugs. The report on Oral Contraceptives referred to in Section 7 contains comments on non-hormonal methods of contraception including spermicides.

Also, the labelling of such products is reviewed prior to marketing to ensure compliance with the legislation as well as the provision of information necessary for the consumer to make an informed choice of product.

VIII-7 Periodic Post-Marketing Review of Oral Contraceptives (OCs) and Other Current Issues on Reproductive Physiology

Work is proceeding on an update of the 1985 Special Advisory Committee on Reproductive Physiology's Oral contraceptive Report including revised information for patients.

In addition to an ongoing review of the safety, efficacy, and labelling of oral contraceptives, the Committee has addressed the safety and efficacy of the use of Depo-Provera as an injectable

contraceptive. The Committee has concluded that there are insufficient data on the long-term safety of Depo-Provera as a contraceptive. The Upjohn Company was advised by HPB in February 1988 that the submission for this claim was not acceptable for this reason. The Committee has also assisted the Bureau of Human Prescription Drugs in the evaluation of data and the directions for use of a number of products at the pre-marketing and post-marketing stages. A report on the medical management of the menopause is in preparation.

VIII-8 Safety of New Drugs

The Bureau of Communicable Disease Epidemiology, Surveillance Division is responsible for collecting medical and epidemiological information on patients who have had an adverse reaction (or reactions) to one or more immunizing agents. In 1987, immunizing agents were associated with adverse events such as fever, swelling, rashes and persistent crying (Currently, there are twenty-five adverse events being studied). Other more serious events including paralysis, meningitis, seizures and convulsions are closely monitored and a follow up study is carried out a year later to determine the outcome at that time. In addition to outcome information, data is

outcome information, data is collected on over twenty-five variables including: age, sex, immunizing agent, type of reaction, date of onset of reaction (as well as other dates), reporting province and reaction interval.

Epidemiological variables (mainly those pertaining to place and time) and medical variables (mainly those involving the type of reaction and the immunizing agent) are examined regularly. If there is evidence that an unusual situation is developing, provincial health authorities are contacted and the proper steps are taken to carry out a complete investigation.

VIII-9

Vaginal Douches

Vaginal douches are subject to the requirements of the Food and Drugs Act and

Regulations as either drugs or cosmetics, in terms of safety and efficacy. A project intended to review the labelling of douches for self-medication to help ensure safe and proper use is now planned for 1989.

VIII-10

Reproductive Technology

The SASW participated in the International Forum on NRTs sponsored by the Quebec Advisory Council on the Status of Women in November 1987, and held consultations during this period with federal and provincial status of women

officials, health professionals and NGO representatives on the growing concerns of women with experimental developments and clinical use of new reproductive technologies, such as in vitro fertilization, oocyte and embryo donation, artificial insemination and surrogate motherhood. Several national women's groups were very active in advocating policy development to effectively address these, including a Coalition which proposed a Royal Commission on new reproductive technologies, (announced in the Speech from the Throne of April, 1989)

IX

WOMEN'S OCCUPATIONAL AND ENVIRONMENTAL HEALTH

IX-1

Radiation-emitting Devices Regulations

Regulations or guidelines are required to ensure the safe use of radiation-emitting devices. Present regulations include x-ray equipment, ultrasound therapy devices, microwave ovens and sunlamps. As technology advances, revisions to existing regulations or guidelines also become advisable. An update to the regulations to ensure the safe use of sunlamps (published in the Canada Gazette in August 1985) is planned. Guidelines for the safe use of ultrasound devices including diagnostic ultrasound devices used in monitoring fetal development are in press and should be available early in 1989.

IX-2

Monitoring Programs and Policy Development

The Senior Adviser continues to monitor and participate in policy development and the encouragement of research into various aspects of occupational health. Consultations were held with the PAHO director of Occupational Health. A project was initiated in collaboration with the Women's Bureau, Department of Labour for the production of a discussion paper.

IX-3

Public Service Health

Atlantic Region

Occupational Health Nurses in

the Atlantic Region have been active in presenting health information directed at improving the general health and well-being of women in the workforce. Efforts are continuing to heighten awareness of women regarding their individual responsibility for their own health.

Particular attention was given to workplace health concerns such as ergonomics, health effects of VDTs, chemicals, closed building syndrome, laboratory safety and prevention of back injuries.

Occupational Health Nurses have been active in promoting Employee Assistance Services (EAS) in cooperation with the National Health and Welfare Regional Co-ordinator and

depart- mental Employee Assistance Program (EAP) personnel.

Individual counselling sessions were made available to individuals with referral to appropriate community agencies when indicated.

In the EAS component of the PSH program we provide counselling and referral services for women who have addiction problems, family problems, who are victims of family violence, past victims of incest, who are being harassed in the workplace, who are having problems with stress in relation to low wages, single parenting, day care problems, etc.

Employee Assistance Services information sessions are provided to promote mental health and social well being. Women are encouraged to access EAS services available through PSH Nurses and Counsellors.

Manitoba Region

In February 1988, an Employment Equity Program Assistant was hired in a term position. The Program Assistant established a Resource Centre for Medical Service employees, for use both in Winnipeg (region) and in North and South Zones. The Centre has acquired over 150 books dealing with Women's Issues, an important focus in the formation of the

centre. Voluntary organizations and government departments were contacted for information. Many fine publications were acquired from the branch office of the Canadian Advisory Council on the Status of Women, Consulting Committee on the Status of Women with Disabilities, and Health and Welfare Canada, in Ottawa. Some of the books are: **Transition House, How to Establish a Refuge for Battered Women; Wife Battering in Canada: The Vicious Circle; Battered But Not Beaten, Preventing Wife Battering in Canada; and License to Rape-Sexual Abuse of Wives.**

The Resource Centre also has books on occupational and environmental health hazards, the disabled, and mental health. The Employment Equity Committee viewed a video on the drug "deprovera" and established a vertical file of relevant information. An informative Video session was held for employees on the "Handicapped in the Workplace". The Centre continues to grow and is well-used by the employees.

Ontario Region

A personal potential hazard exposure profile is done on everyone requiring a physical health evaluation under Treasury Board Standard, therefore, it includes pregnant women, and women exposed

to physical, chemical or biological hazards.

Quebec Region

Public Service Health offered a variety of activities through its various health units to encourage women to take charge of their own health and to improve it.

Among the programs offered was the **Cytologie Quebec** program, which offered uterine cancer screening in the work place. This program was offered to all female employees of Employment and Immigration, Montreal; Revenue Canada - Customs and Excise, Guy Favreau Complex; Transport Canada, Dorval and Mirabel; Revenue Canada - Taxation, Montreal and Shawinagan and National Defence, St Jean.

Another program on **osteoporosis** was set-up to promote women's health. Information sessions were offered to employees of the Guy Favreau Complex and Transport Canada at Mirabel. This project was, well received, since osteoporosis is getting more and more publicity in the media.

The **anti-smoking** project is increasing its activities. The main theme of the January 1988 stop smoking week addressed women and smoking. Statistics now confirm that women are starting to smoke younger and

younger and that lung cancer is soon expected to surpass breast cancer among women. This is reflected in the large numbers of women enrolling in the Public Service Health stop-smoking course. Within that course, we note a special orientation toward issues of particular concern to women, such as diet for women who have stopped smoking, and healthy weight levels. These courses have reached a sizeable number of women working in the Public Services throughout the province of Quebec.

As in past years, the **nutrition program** has greatly attracted women (displays, individual counselling and follow-up, information sessions etc). Displays on **weight and health** were made available to employees of Transport Canada, Employment and Immigration Canada, Correctional Services, and all those in the Guy Favreau Complex; these were aimed at demystifying the body image promoted by the mass media. We are now aware that this kind of stereotyping leads to a

number of problems and illnesses for women. In the same vein, a program called **"Bien dans son corps"** was offered to the women employees of DND at St Jean. The purpose of this program was to promote weight control through a healthy and balanced diet and the adoption of a healthy lifestyle. Twenty minute meetings were held over a period of several weeks.

Within the general framework of the mandate for prevention and health promotion, various subjects were addressed by NHW nurses. Among these were: **on-the-job stress, shift work, prevention of back ache, sexually transmitted diseases, AIDS, Canada's Food Guide, screening for hypertension**, etc. Although these projects were for all federal public servants, women's interest was evident through their active participation in all of these activities. In addition, for the female employees of Revenue Canada - Taxation at Jonquière, an article on **menopause** was prepared and

printed in their local office newsletter.

In **Quebec Region (Montreal)**, on International Women's Day, March 8, 1988, a display was organized through the joint contributions of the Status of Women committee and our Quebec City Employee Assistance Program.

At this display, women could obtain information on programs and resources available on the region, as well as brochures on specific themes such as women's health, sexual and personal harassment, child rearing, spousal violence, careers.... The Employee Assistance Program produced a brochure **"on stress and working women"**.

The Committee is continuing its efforts; a survey is being planned to identify women's needs with a view to orienting future actions by the status of women committee. The regional EAP advisor for Quebec Region will participate actively in this committee as a resource person.

X

PHYSICAL ACTIVITY AND SPORT

The Women's Program of Fitness and Amateur Sport Branch of Health and Welfare Canada is a branch program, with programs and projects being funded and managed in both Sport Canada and Fitness Canada.

The major components of the Women's Program were:

X-1

Women in Sport Policy Implementation

It is the responsibility of the Women's Program in Sport Canada to plan for, monitor and evaluate the implementation of the Sport Canada's Policy on Women in Sport. There are thirteen areas of emphasis, corresponding with the thirteen policy statements in the document. Three of these areas - Leadership Development, Participation Development and Research are covered, in part, under the next three components:

X-2 Women in Sport Leadership Program;
X-3 National Associations Contributions Program; and
X-4 Research and Bibliography. Other activities in these areas, plus accomplishments in all the other areas were as follows:

Policy and Program

Development: On an ongoing basis, the Women's Program monitors the implementation of Sport Canada policies and programs for their impact on women, and contributes to the development of new policies and programs. During 1988 input was provided to the development of a new policy on Domestic Sport.

Stratification: The Women's Program contributed to the preparation of the case in support of Justine Blainey's right to play hockey on a boy's team. As the case went to the Supreme Court,

the finding in favour of Justine had national implications.

Infrastructure: Support was provided for the integration of the national associations for curling and lawn bowling.

Leadership Development:

A National Coaching School for Women was formed, and sessions were held in August 1987 and in June 1988.

High Performance:

Support was provided for several National Sport Organizations (NSOs) to lobby for competitive opportunities at the international level, including Judo, Cycling, Table Tennis, Biathlon and Yachting. New events for women were added in all these sports, which led to increased opportunities for Canadian women to compete at the national level as well.

Participation Development:

Work was begun on developing a resource that provides a model for communities wishing to increase and improve sport participation opportunities for girls 13-to-17 years old. The completed package, called "On The Move", will be released in the summer of 1989.

Resource Allocation: In the summer of 1988 a research project was completed that assessed the feasibility of monitoring the extent to which NSOs are equitably allocating their resources.

Liaison: Regular contact was maintained with the appropriate ministries within the provinces and territories. Specific input was provided for those ministries in the process of developing policies on women in sport at the provincial and community level.

Research: Support was provided for a session on gender issues in research at the Annual General Meeting of the Canadian Association of Sport Sciences in October 1987, and at the International Conference on Exercise and Health in May 1988.

Education: The Women's Program responds to requests for information on women and sport issues from all segments. In 1987-88 specific input was provided to the Ontario

Science Centre for its exhibit on Sport.

Promotion: Media guidelines for the appropriate visual and written portrayal of physically active women were prepared and distributed to all national sport and fitness organizations.

Advocacy: Support was provided to the Canadian Association for the Advancement of Women and Sport for the publication of their newsmagazine, and their "Action" bulletin, which is sent to all members to alert them on a specific item or concerns requiring their support and intervention.

Evaluation: An evaluation report was prepared on the operations of the National Associations Contributions Program; and a process was designed for the evaluation of the 1984-88 operations of the Women in Sport Leadership program.

X-2**Women in Sport Leadership Program**

The objective of this Program is to identify and support women seeking leadership positions in sport as elite, national level coaches or as managers at the middle to senior level in the administration of NSOs. In 1988, four more women coaches were

accepted in the Program, and three more managers. A survey was conducted on the gender breakdowns of sport leadership positions among the paid staff of NSOs, and work was begun on an analysis of this data. The report of the survey is due to be published in the fall of 1989.

X-3**National Association Contributions Program**

The Women's Program provided both funds and personnel resources to 18 NSOs and multi-sport organizations for projects and programs aimed at increasing and improving the opportunities for girls and women to participate in sport. Many of these projects included meetings to identify the issues and concerns of the women within a particular sport, and then presenting these findings to the overall Association so that methods of addressing these issues could be incorporated into the plans of the association for the next quadrennial.

X-4**Research**

The document "Women, Sport and Physical Activity: Research and Bibliography" was released in the spring of 1988, and work is now underway to produce a second edition of updated resources, for

publication through the Government Publication Centre and sale through Canadian book stores.

X-5 Fitness Canada Target Groups

The Women's Program in Fitness Canada used the research data gathered from several of its projects related to Fitness Canada's target populations - youth, disabled, and older adults - to prepare a flyer that outlines the major areas of concern with regard to female participation on physical activity. This flyer

contains an invitation for the concerned leader to contact Fitness Canada to receive the Programmer's Handbook for physically active women. Both these documents were presented under the new heading and "banner" of the Women's Program in Fitness Canada: **Women in motion/Femmes en marche.**

All these projects are outlined in the long-term plans of the Women's Program in Fitness Canada, which also include the development and adoption of Fitness Canada's Guiding Principles for Women and

Physical Activity. A draft of these Guidelines was presented for review at the first meeting of Fitness Canada's Advisory Committee on Women and Physical Activity. The final version will be produced and distributed in the fall of 1989.

X-6 Other Initiatives

Work was initiated on Canadian presentations on our women and sport programs at the Conference preceding the Commonwealth Games in January 1990.

XI

NATIVE WOMEN

XI-1 Promotion of Improved Health and Well-Being at the Community Level.

a. General Health

In Indian and Northern Health Services, Medical Services Branch (MSB), Health and Welfare Canada (HWC) National Drug Strategy resources have been directed toward youth programs in the area of developing a positive self-image, youth leadership development, and the promotion of positive lifestyles within the family unit. Implementation has been through community-based projects at the Regional level, workshops, conferences and the media health promotion campaign.

In Program Transfer and Policy Development, MSB the thrust of Bill C-31, An Act to Amend the Indian Act, is to remove sections

of the **Indian Act** which discriminate on the basis of sex, and to allow women thus affected to regain their Indian status. NHW is involved to the extent that, under Bill C-31, it is estimated that about 87,000 Indian people will regain their status thereby becoming eligible for the range of dental, drug, transportation and other services collectively known as Non-Insured Health Benefits administered by Medical Services Branch and, if they reside on-reserve, for the various health services delivered by the Branch.

Saskatchewan Region

Resource packages contain articles, workshops, books, pamphlets, manuals, a list of films/videos and are available from MSB. The region has researched and prepared these resource packages on many topics which address health

concerns of native women. Package topics included family violence, child abuse, sexual abuse, crisis intervention, chemical dependence in the family, children and youth, parenting, family planning and birth control, teenage pregnancies and menopause. The resource packages have been utilized in Indian communities throughout Saskatchewan as well as by organizations in urban centres that focus on the native population.

The region has purchased films and/or videos on all of the above topics for health education purposes among the native population.

Workshops have been provided in all MSB native communities. Many interested and concerned native women attended workshops which addressed topics such as family violence, sexual abuse, child abuse and chemical

dependency. Other workshops relating to maternal health, family planning, child care, etc. are offered on a regular basis in the communities.

Ontario Region

The female population is reached through educational awareness programs and on an individual counselling basis. Programs specifically designed for the female population were on the topics of Rape, Exercise Break, Pre-retirement, Women and Smoking, Drugs and Alcohol, Stress Management, Osteoporosis, *Moi aussi j'écrase*, Nutrition and Weight Control and Butt-Out Smoking Cessation. Programs designed for the work environment included: Hearing Conservation, BackCare, Smoking Cessation and B/P Monitoring.

Moose Factory Zone

Health promotion in the area of pap smears, breast-self examination and personal hygiene, are incorporated into the Maternal and Child Health Program. Health Promotion and immunization clinics were held to introduce Haemophilus Influenzae vaccine into a routine immunization schedule.

Handouts and health information material on women's issues and health concerns has been made more accessible throughout the zone.

Sioux Lookout Zone

The majority of the nursing station communities conduct well-women clinics. Methods of contraception are discussed on a one-to-one basis. Self-breast examination is taught on a one-to-one basis, and was also discussed at the Women's Conference. Nurses are continuing to act as a patient advocate for women in all areas, encouraging them to question and seek information about themselves. Native women have formed an organization to work with the Chief and Council on social problems. Native women wish to be more involved in decision-making and advise young females on parenting, marital relationships, etc. The Mental Health Nurse and Assistant Director of Nursing are conducting a study on the grieving mother of a stillborn infant. A female patient representative has served as an excellent liaison encouraging women to discuss their problems and assisting them in contacting agencies which offer assistance, i.e. Women in Crisis Centre.

Atlantic Region

Considerable health teaching is carried out on a one-to-one basis, as well as in groups. Education sessions directed at general health improvement and awareness include: breast self examination, coping with stress, nutrition, health in retirement, menopause and pre-menstrual syndrome, smoking cessation, AIDS and sexually transmitted diseases.

Manitoba Region

Immunization levels for pre-school children have slipped slightly. Child health clinics, aimed at preschoolers of 18 months and three years, focused on counselling and screening on nutrition, safety, growth and development, with anticipatory guidance provided to parents to assist them in fostering the development of their children. To prepare youngsters for entry into school, pre-school examinations were offered, with good success, at special clinics.

MSB nurses continued to support local child welfare agencies dealing with child care programs on reserves.

To promote an effective school health program, MSB focused on developing a working relationship with

teachers and principals early in the school year. MSB staff were also utilized effectively as resource persons for the school health curriculum, -- particularly family life education. This program continued to be established in reserve schools, accelerated by the high profile of AIDS.

Pre-school physical examinations not completed prior to school entry were completed during the school year, and tuberculosis screening was offered to school children and staff in high risk communities. Participation of school staff facilitated impedance testing for selected grades, as well as vision screening, which is carried out every two years. Compared to pre-school and infant levels, immunization levels remained high with this captive group.

Quebec Region

Programs aimed at promoting women's health are one of our key concerns. Health education clinics and workshops on nutrition and diabetes are organized regularly on our reserves by the Regional Health Educator and the Regional Nutritionist.

Native Health Careers were promoted to women's groups and volunteer organizations, as well as to

the members of our multidisciplinary program committee at a meeting held in Restigouche.

Continuation of the health promotion programs, both preventive and curative, works to improve the quality of health among native women. Examples: follow-up on pregnant teens; prenatal classes; cytology clinics; cervical cancer screening and Breast Self - examination; family planning information provided on request; most active participation by native women in Quebec.

Yukon Region

The community health nurses, working along with the Canadian Cancer Society, assisted in their Breast Self-examination Clinics. Public Health takes an active role in helping to promote these clinics as well as teaching the Breast Self-examination technique to the women. These clinics also review the needs for routine Pap Smears.

The two community health representatives presented several talks at Skookum Jim Friendship Centre; "Stepping Stones Women's Support Group" about Traditional Native Medicines (how to recognize various plants herbs, and how to prepare the medicine from them).

The talks consisted of informal lecture format and were given at the request of the Stepping Stones program director.

The community health representatives held a feast for the Elders, Moms and Tots in the Indian Village, Kishwoot Hall. This was to promote good feelings between the young mothers and the Elders. The main topics that were covered were parenting skills, helping young mothers to develop a positive self-image and proper nutrition.

The Whitehorse General Hospital encourages the use of hospital bulletin boards for posters announcing workshops, programs and agencies relating to women's health and commissions.

Assistance to various agencies who are researching women's health issues, i.e., teenage pregnancies, is provided as required.

The Director of Nursing at Whitehorse General Hospital continues to assist with the Fetal Alcohol Syndrome education endeavors.

The Victoria Faulkner Women's Centre in Whitehorse had a series of lectures related to women's health issues. These lectures were advertised to the women who used the WHC services.

b. Nutrition

Yukon Region

The community health nurses and representatives presented a two day Nutritional Workshop to women in the Indian Village. Some of the areas covered were: how to use traditional food preparation techniques, the importance of proper nutrition, how nutrition affects dental health, and how to grow your own garden.

Atlantic Region

The expected staffing of a full-time Regional Nutritionist will help to promote proper nutrition, healthy weights, and healthy lifestyles. It should also deal with the problems of diabetes mellitus and cardiovascular disease.

Manitoba Region

Nutrition and nursing programs share responsibility for obtaining information about infant feeding. (Infant Nutrition Records.) Resulting statistical and narrative feedback is disseminated, and resource materials are developed, for wider distribution at the community level.

Specific examples of resource materials in 1988 include:

- baby-sized t-shirts that claim "I'm a Breastfed Baby" in 3 native languages: given to all breastfed babies at their 6 month visit or at community-organized special events such as baby shows or health fairs.
- release of a 60 second video clip that shows an Indian family helping a working, breast feeding mom to cope with a feeding routine. (Dakota and Jesse)
- a National Nutrition Newsletter featuring breast feeding (personal experiences, regional programs, educational support, etc.).
- a series of breast feeding fact sheets for mothers.
- assistance with a proposal to produce a breast feeding support video. (on behalf of St. Theresa Point mothers' group and community health representative.)

Quebec Region

A nutrition session was organized by the Regional Nutritionist at the Native Friendship Centre.

c. Parenting Skills

Atlantic Region

The parenting program "Nobody's Perfect" is being delivered to Community Health Representatives in Atlantic for use as a parenting resource in their Indian communities. It is hoped that this will also encourage parenting groups and community networks of self-help groups.

Manitoba Region

Guidelines on infant stimulation activities were effectively utilized as a teaching tool but there is an increased need for infant stimulation workers on reserves. Communities also became interested in parenting skills in an effort to deal with growing concerns about child abuse. Child abuse teams are developing in many communities.

Ontario Region

Moose Factory Zone

There was greater initiative by Community Health Nurses to assess development of children, nutritional status, infant stimulation, and parent behaviours including appropriate health teaching of parents.

d. Maternal and Child Health

Manitoba Region

Due to the continued high birth rate, significant numbers of at-risk pregnancies, and infant mortality rates exceeding twice the national average, the Maternal and Child program remains a high priority in Manitoba Region. Emphasis continued, on pre-natal assessment, home visits, and counselling, with pregnant adolescents the primary target group. Early entry into the health care system for pregnant women remained a concern. Group pre-natal class attendance has improved although the desired method of intervention remains one-to-one. Ultrasound, and glucose tolerance testing are becoming standard procedures for routine pre-natal surveillance. Work is near completion on the development of a set of four pre-natal educational videos specific to the clientele's needs and available in their native dialect.

Desire for home deliveries, in isolated communities, was addressed by community education on the risks of delivery in nursing stations and encouraging the

use of alternate birthing centres in urban location. A new concern was the increased pressure by new mothers for early post-partum discharge which is not feasible for most of our clientele. A standardized post-partum education program was introduced throughout the region.

During the year a chart audit tool, to evaluate ante-natal care processes, was piloted. Efforts are made to make post-partum visits to the home within two weeks of discharge for the purposes of physical examinations, risk assessments and health education. Breast feeding rates have shown little improvement even with significant promotional activities. The discontinuing of the provision, by prescription, of infant formula may have positive impacts on breast feeding rates.

Regular post-natal and child health clinics continued to be held in all communities. Counselling at these clinics, and during home visits, focused on immunization, growth and development, safety and nutrition. Immunization levels, although above the national average, have slipped slightly in the infant age group and efforts will be made to increase these

rates. The pre-Denver questionnaire continues to be utilized effectively for developmental assessment.

Alberta Region

In 1986 (most recent data available) 76% of infants were included in the Infant Feeding Practices Report, indicating that 76% of newborns and mothers were seen within three months of delivery. Of those, 85% were followed through a six month period which was for consultation regarding infant feeding. In 1986 breastfeeding occurred for 62% babies at birth, 44% infants at three months, and 34% infants at six months. The percentage breastfeeding at birth has remained constant since 1983 and the percentage at six months improved slightly in 1983.

Ontario Region

Most of the pre-natal, parenting health problems and social situations such as grieving, divorce, etc. are dealt with on an individual counselling basis.

In Thunder Bay Zone

Prenatal classes continue to be offered to clients on reserves. A breast self-examination clinic was held at Whitefish Bay and

Longlac #77 Reserves. A presentation on Foetal Alcohol Syndrome was given twice to the residents of Rainbow Lodge. A presentation on "Teenage Pregnancy" at Lake Helen Reserve was well attended. Sessions on contraception were held in Chapleau and the Sault Ste. Marie area for the young of these areas. Considerable liaison between nurses in the Kenora and Fort Frances areas and the respective Family Service Groups -- OTFS and Weecheetiwin.

A breast-feeding survey was commenced in March and is still in progress.

In **Moose Factory Zone**, programs were held on the following topics: prenatal classes, breastfeeding classes for clientele, and breastfeeding in-service for nurses. Individual prenatal teaching as well as home visits of high risk prenatal women were carried out. Promotion of effective coping mechanisms and individual counselling of women with mental health problems were also conducted.

Yukon Region

The Maternal and Child Care Program is one of the main programs carried out the Whitehorse Health Centre.

Prenatal classes are held on a regular basis. Every month, an early series and a late series of classes are offered covering topics areas such as: review of basic anatomy, fetal growth and development, good health measures, proper nutrition, physical and emotional changes to expect during pregnancy, etc. The postpartum, newborn visits are carried out by the community health nurses to every mother to ensure that both mother and baby are adjusting well to their new role. Well Baby clinics and Newborn Drop-in Clinics are held regularly.

The community health nurses have contact with the La Leche League in Whitehorse. Many mothers are referred to this organization for support in breast-feeding. There is a close working relationship with this league and the Whitehorse Health Centre (WHC).

e. Family Violence

In **Indian and Northern Health Services** the most notable activity for the status of women concerns was the Family Violence Initiative of the federal government. MSB has been granted \$250K for the next few years for a program to combat family violence against native

women. Under the same initiative, Department of Indian and Northern Development (DIAND) was granted \$750K. The two federal departments pooled their resources and administered them through a Joint Advisory Committee made up of native people across the country with particular expertise and interest in family violence. The committee had its priorities data collection, education and public awareness. As well, this Joint Advisory Committee administered the Child Sexual Abuse Initiative of the federal government with \$400K annually over the next few years.

Ontario Region

In **Thunder Bay Zone** Manotsaywin Nanotoojig funded by Medical Services Branch and active on the eastern side of Thunder Bay Zone completed an excellent film "Our Children are Sacred" (on sexual abuse), which has been viewed by CHRs, nurses, and clients on various reserves.

In **Sioux Lookout Zone** seventy Native women attended the first Women's Conference held in Sioux Lookout. Topics of discussion were: family violence issues; alcoholism; parenting and child bearing;

patients' rights and responsibilities; and traditional needs.

In Moose Factory Zone individual counselling was offered to women who are victims of family violence with referral to the Family Resource in Moosonee for assistance during a crisis.

Alberta Region

Six therapeutic groups functioned and nine workshops on issues of alcohol/sexuality/violence took place.

Research was conducted on the long-term impact of sexual abuse of native women by a student at the University of Calgary. This report is available on request.

The Nechi Institute received funds to research and develop a curriculum on family violence which they have pilot tested.

Atlantic Region

Three projects to help prevent Child Sexual Abuse were funded. The Fredericton Native Friendship Center conducted a project for New Brunswick, the Micmac Child and Family Services conducted one for Nova Scotia, and the P.E.I. project was carried out by the Lennox Island Band.

Saskatchewan Region

Newsletters were produced which provided information on family violence, child sexual abuse and child abuse. The newsletters were distributed to field staff and made available to clients in Indian communities as an initiative to promote Indian awareness of these health problems.

Interest and participation by native women has been instrumental in the success of NNADAP projects focusing on child sexual abuse. The projects involved developing community based strategies to address the issue. As a result, proposals have been received by MSB for long term programs.

The growing concern over family violence has necessitated the further training of staff in Saskatchewan treatment centres to provide the care and counselling of victims as well as abusers in family violence.

Quebec Region

In addition to the numerous regular CHR and NNADAP activities aimed at improving women's health, this past February the Region set up a special workshop on family violence. This workshop for social workers, CHRs

and NNADAP workers was aimed at increasing their awareness of the subject and providing them with tools for intervention at the community level.

The 3 1/2 day course was sponsored by National Health and Welfare and a copy of the curriculum will soon be available in both languages.

The issue was also addressed by F. Riverain, a psychologist, when she was invited to attend the multidisciplinary committee meeting held at Restigouche from September 21 to 24, 1987. Her report on a summer camp experiment involving young female adolescents who had been victims of family violence was presented to the committee, made up of representatives of various native nations, most of whom had health training. She described the results of this camp-workshop as having been extremely positive. This professional continues to provide her services to the Montagnais bands on the North Shore.

In the area of family violence, there has been a concerted effort made through a team approach involving the nursing staff, the community health representative, the NNADAP facilitators, the social workers, the police forces and the native people. Consciousness-

raising on their part has led to making battered women more aware of their rights and encouraging them to call upon law enforcement resources. Police investigations as the result of a complaint have led to a subsequent decrease in the violence.

Quebec Region, Montreal: violence toward women is taking a larger place among services offered. Nurses are being consulted increasingly and are in greater contact with victims of spousal violence. An article on the subject was written recently to increase intervenors' awareness of the problem; it will be printed shortly in the Quebec region's inhouse publication.

Yukon Region

Liaison with agencies related to family violence, including child abuse, is ongoing. The Yukon Child Abuse Committee continues its activities with membership from the Whitehorse General Hospital.

Training of Resource Persons:

- 1) Transition Home Workers: three one-day workshops were given as part of ongoing skill development.
- 2) Training, through co-facilitating a **support group for battered**

women, of a Probation Officer, Department of Justice, Government of Yukon.

These two initiatives are an attempt to involve larger numbers of agencies and individuals in the provision **of services to battered women** in Whitehorse. The long-term goal is to change the involvement of Mental Health Services from that of direct service provider to consultant.

- 3) Dawson City Training Workshop -second workshop given to enhance skills of those community resources (primarily volunteers) interested in the provision of **services to battered women**. This was given in collaboration with Yukon Public Legal Education Association. The end result has been the opening of a shelter in this community with support from local business, Government of Yukon and the community at large.
- 4) Presentation at Council for Yukon Indians Social Development Health Commission. This one-half day workshop focussed largely on community development in relationship to **wife abuse interventions**. Two Native resource persons from two outlying communities (Watson Lake, Dawson

City) assisted in this presentation.

These two initiatives are part of longer term goals of improving services in outlying communities, with emphasis on community development.

- 5) Participation in presentation of lectures to community health representative trainees on the subjects of "Sexual Abuse of Children", "Adult Survivors of Sexual Abuse", and "Suicide".

Public Education:

- 1) "Women Can't Be Beat", an educational and promotional kit on wife abuse was co-authored with Yukon Public Legal Education Association and Victim-Witness Coordinator, Department of Justice, Government of Yukon.
- 2) Mental Health Services assisted and participated in a wife abuse segment on Ney-Da, the Native Communications Network.

Interagency Committees:

The Ad Hoc Committee on **Treatment of Child Sexual Abuse** met regularly to examine ways to improve knowledge and develop services in the area of treatment of child Sexual Abuse. A workshop on

treatment of Victims of Sexual Abuse was held in March with 100 participants from Whitehorse and outlying communities. A public forum was attended by over 200 people.

Efforts are currently focussed on promoting development of protocols and an integrated approach to responding to **child sexual abuse**.

Clinical Programs:

- 1) Participated in **treatment program for child sexual offenders**.
- 2) Co-facilitated support **group for battered women** with the Department of Justice, Government of Yukon.
- 3) A **Survivors Group** for Women who had been sexually abused as children was initiated. This was a twelve week program, two hours per week, and was a closed group limited to eight members. The purpose was to cover issues related to coping with the effects of sexual abuse as a child and to promote an atmosphere of understanding and group support.

f. Mental Health

Yukon Region

Mental Health Services provide an ongoing mental health clinic, and the majority of clients are women.

Talks on anger management and depression were given for participants in "Stepping Stones", a program for women in conflict with the law.

This unit also participated in a mentor-mentee program for high school students sponsored by The Canadian Congress on Learning Opportunities for Women.

Alberta Region

During the period August 1, 1987 to March 31, 1988, individual psychological counselling was provided to 378 female clients. The most prevalent reasons were: depression, sexual abuse or victims of violence.

Mutual support groups were organized, one to assist single teenage mothers, and one to address issues of family violence.

g. National Native Alcohol and Drug Abuse Program (NNADAP) (See also Family Violence Section)

Alberta Region

The O'Chiese Reserve offered specialized training on family violence using National Native Alcohol and Drug Abuse Program (NNADAP) project monies.

Through the National Drug Strategy Program, NNADAP funds were received to initiate youth activities for the next three fiscal years. A plan of action to offer youth leadership training has been developed.

The "Project Charlie" program has continued to be a valuable program primarily coordinated through CHRS and NNADAP workers in a community based setting. Program Charlie enables parents (primarily women) to develop, maintain, and improve parenting skills through life-skills education. Parents, teachers, and health professionals work together to gain the knowledge, skills, and attitudes which

will enable them to enhance the psycho-social development of individual children. The program has been ongoing since 1981.

h. Occupational and Environmental Health

Quebec Region (Montreal)

In the area of environmental health, work place evaluations are carried out with respect to potential risks to pregnant women.

Environmental Health Officers are frequently called upon to assess work stations in various departments for potential hazards to the foetus.

Manitoba Region

The Environmental Contaminants Program in **Manitoba Region** began a three year revised Mercury Monitoring Program in six communities. Particular attention was paid to the target groups of:

1. Adolescent and adult females, particularly women of child-bearing age as the unborn child is at risk even at very low mercury levels.
2. Older people following a more traditional way of life who probably consume more fish than a younger person.
3. Children under four years of age where low levels of mercury may affect the development of the child.

XI-2

Employment and Career Development

Saskatchewan Region

A total of sixteen female native students were employed through the Health Careers program during this period. Medical Services Branch employed four students and twelve women were employed by Indian bands and organizations through contribution agreements.

Atlantic Region

Public Service Health nurses seconded as "Medical Officers" aboard north bound icebreakers and survey ships provide support and health information for female officers and crews working in the predominately male work situation.

XII

IMMIGRANT AND VISIBLE MINORITY WOMEN

XII-1 Policy Review and Development

This period was characterized by intensified efforts working with provincial government officials to bring to their attention the concerns of the National Organization of Immigrant and Visible Minority Women of Canada (NOIVMWC) and to gain information on provincial initiatives. The Office of the SASW represented HWC at meetings of the federal Interdepartmental Committee on Immigrant and Visible Minority Women, where inter alia recent HWC activities to promote the development of appropriate health services, income security programs and social services were reported.

a. Federal/ Provincial Initiatives

The SASW presented the concerns of the NOIVMWC

to the Federal/Provincial Advisory Committees and is following up to encourage collaborative efforts in addressing common problems.

b. Health Promotion

The Health Promotion Contribution Program has supported some community groups in developing their own language, addressing the needs of immigrants in general and immigrant women in particular. A short description of current projects may be found in Appendix II.

A film on Immigrant women, stress and health sponsored by, Women Working with Immigrant Women, Toronto was completed in December 1987.

A National Workshop on Aging and Ethnicity was held in February, 1988, to provide a forum for cultural minorities to share their

concerns with government officials and professionals and identify those mechanisms that would be required to address these concerns. Access to services and information that are culturally sensitive in languages other than English and French emerged as a major concern of the participants.

c. New Horizons

With respect to the provision of social services for the elderly, the New Horizons Program is an excellent resource to promote self-help projects for elderly immigrant and visible minority women. From 1979 to the end of 1988/89, the New Horizons Program has funded 697 multicultural groups of older, retired persons whose projects have received a total of more than \$5.6 million in the last ten fiscal years. Moreover, over 43,000 women members of multicultural groups have

participated in these New Horizons projects, sharing their skills, talents and experience in meaningful activities of their own choosing that benefit themselves and their communities.

**d. Income Security:
Eligibility for Old Age
Security
(OAS/GIS/SPA)**

Prior to 1977, the basic Old Age Security (OAS) pension was payable in full or not at all. In 1977, however, the OAS Act was amended to provide for the payment of partial pensions calculated at the rate of 1/40 of the maximum OAS pension for each year of residence in Canada after age 18. A minimum residence requirement of ten years must be met for payment in Canada and twenty years for payment abroad. At the same time, amendments to the OAS Act also enabled the Government of Canada to include the OAS program in Social Security Agreements.

Canada has agreements in force with sixteen countries and five additional agreements have been signed and will be in effect when ratified. As Canada negotiates and implements more International Social Security Agreements, more new immigrants will be able to qualify for a partial

OAS pension with as little as one year of residence in Canada. Once in receipt of the OAS pension, the new Canadian resident may also qualify for the Guaranteed Income Supplement and the pensioner's spouse for Spouse's Allowance. Information on these agreements has been prepared by the Department in several languages of origin of the immigrants affected to help ensure those eligible for benefits are informed of the agreements.

Since the government recognized that there may still be many immigrants who are not covered under an International Social Security Agreement, the OAS Act was amended in 1984 to enable low-income pensioners receiving partial OAS pensions - most of whom are immigrants - to qualify for additional GIS benefits so that they will have the same guaranteed minimum retirement income under the program as persons receiving full OAS pensions. Needy partial OAS pensioners receive a GIS benefit equivalent to the difference between their personal OAS benefit and the guaranteed level.

Income security for Canadians, including senior immigrant women, has been improved with the extension, effective September 1985 of the

Spouse's Allowance to all low-income widowed persons aged 60-64 who have resided in Canada for 10 full years after age 18, regardless of the age of their spouse at the time of death. This has contributed to a decline in female poverty in this age group.

**e. Child Care Initiatives
Fund**

Under the Child Care Initiatives Fund described in section II, projects on the special needs of children of minority ethnic communities are supported. One CCIF project is funding Teachers of English as a Second Language (Ottawa), for the production of a Multicultural Resource Kit for Young Children (\$108,540).

XII-2

**Liaison with Immigrant
and Visible Minority
Women's Groups**

The president of the NOIWMWC, Betty Lee, participated in the National Symposium on Changing Patterns of Health and Disease in Canadian Women, where Christina Lee addressed the Mental Health Issues of Immigrant and Visible Minority Women as one of the special perspectives on health and illness.

See also Introduction

XII-3

Task Force on Issues Affecting the Mental Health of Immigrants and Refugees.

A joint initiative was taken by Health and Welfare Canada and Secretary of State - Multiculturalism sector aimed at determining and assessing the mental health needs of immigrants and refugees, as well as recommending appropriate courses of action. As announced March 7, 1986, the two-year action-oriented task force was struck for this purpose chaired by Dr. Morton Beiser. The Canadian Mental Health Association (CMHA) provided administrative services with the assistance of a federal contribution.

The first phase of the Task Force workplan, a Review of the Literature on Migrant

Mental Health was presented to the Secretary of State and the Minister of National Health and Welfare in 1988.

The Report of the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees - "**After the Door has Opened**", which included a chapter on the special needs of immigrant and refugee women, was released to the public on February 16, 1989.

While most of the 27 recommendations are directed individually or collectively at three federal departments, they pertain to matters which fall largely within provincial jurisdictions. In addition to the co-sponsors, other federal departments involved are, Employment and Immigration, Communications, Labour, and Status of Women.

Federal follow-up activities contemplated or underway include:

- * Funding a research proposal from the Canadian Centre for Victims of Torture to determine assessment and treatment procedures for victims of torture;
- * A study to determine the feasibility of creating Centres of Excellence for cross-cultural training, research and information exchange on migrant mental health;
- * A workshop of experts to determine research priorities in cross-cultural health that are likely to be funded by this Department; and
- * A symposium to be held in 1991 to further discuss the implementation of the Task Force Recommendations.

XIII

INTERNATIONAL ACTIVITIES

XIII-1 **UN Commission on Status of Women**

See Introduction

XIII-2 **Women Health and Development**

See Introduction

XIII-3 **Representation of Women on Delegations to International Meetings.**

Intergovernmental and International Affairs Branch is responsible for the structuring of Canadian delegations to international health and social affairs meetings. The selection of delegates is governed by technical requirements, with consideration being given to regional and linguistic balance, sectorial representation, men-women ratio, provincial and NGO involvement. In situations over which the Department has control, the Branch

continues in its efforts to ensure representative men/women participation in delegations and at formal and informal meetings with visiting Foreign dignitaries. A table on the Representation of Women on Canadian Delegations to International Meetings is contained in Appendix V.

XIII-4 **WHO Committees and Study Groups**

Intergovernmental and International Affairs continues to monitor the involvement of women on expert committees and study groups. Furthermore, particular consideration is given to those panels which look at issues that have a significant impact on women's health concerns. For the January 1989 meeting of the Executive Board of WHO the report of the DG on employment and participation of women in the work of WHO was introduced by Dr. Maureen Law (Canada) who has chaired during the past five

years the steering committee established in 1984 to review the participation of women in the work of WHO. The Board gave full recognition to the need to make optimum use of women's qualifications and capacities in the management of WHO programmes at all levels, and requested Member States and the DG to intensify their efforts to increase the recruitment and the participation of women in all aspects of the work of WHO, in particular management, direction and policy-making. (See Appendix VI - Resolution EB83.R9).

XIII-5 **WHO/PAHO Fellowships.**

The WHO/PAHO Fellowship Program, which provides short-term fellowships for study abroad, in health-related fields, is administered by Intergovernmental and International Affairs Branch. Canadian candidates are

chosen by a Selection Committee composed of representatives from a number of health fields.

The Branch continues in its efforts to monitor the outcomes of WHO/PAHO selection to ensure that women are adequately represented. In 1987, twelve fellowships were awarded, five of which went to women. In 1988, 16 fellowship application were received; 12 for men and 4 for women. Eleven fellowships were awarded, 3 of these (75%) were women. While men continue to receive more fellowships a greater percentage of the female applicants are successful.

XIII-6 Nongovernmental Organizations

Intergovernmental and International Affairs Branch continued to work cooperatively with a range of NGOs involved in the international arena. The Branch uses every opportunity at its disposal to bring to these fora the Forward-Looking Strategies. Moreover, every effort is made to involve women in the activities of these organizations.

XIII-7 Federal/Provincial Advisory Committee on International Health Affairs

During the period under review, two meetings of this committee were held: one in April, 1988 and one in September, 1988. At the April meeting the Senior Adviser, Status of Women, provided an update on her work with WHO in developing indicators for monitoring the Women Health and Development components of Health for All. She also highlighted her meeting in Cuba on women's participation in community health.

XIII-8 European Centre for Social Welfare Training and Research (ECSWTR)

Intergovernmental and International Affairs Branch makes every effort to ensure that women's issues and concerns are voiced in international seminars, expert group meetings, workshops and research projects organized under the auspices of ECSWTR, particularly in the areas of Child and Family and the Elderly and that the

interests of women are adequately represented in these fora.

XIII-9 United Nations Convention on Psychotropic Drugs

Under the National Drug Strategy, Canada cooperated closely with UN institutions in the drafting and later in the ratification on a new UN Convention against illicit trafficking of narcotic drugs. Canada's annual contribution to the United Nations Fund for Drug Abuse Control (UNFDAC) grew from \$500,000 to \$700,000 and will level at \$1 million in 1990. At the National level, Parliament approved the creation of the Canadian Centre for Abuse Control, an institution that will coordinate for the first time in this country the efforts of various levels of governments, churches, and NGOs.

Programs were conducted to reduce the misuse, abuse and diversion of psychoactive drugs, including over 8000 investigations and inspections at pharmacies, hospitals, drug manufacturers and offices of medical practitioners. Over

350 companies received annual licences to manufacture and distribute drugs and over 800 authorizations were issued for scientific studies. Reports were provided to honour international obligations in the control of narcotic and other psychoactive drugs. Development of an integrated computerized information system was initiated to support activities related to the control of psychoactive substances in Canada. The system will enable the Bureau of Dangerous Drugs to maintain a minimum threshold of compliance monitoring without a substantially increased requirement for resources.

XIII-10 UN Interregional Consultation on Social Welfare

In September 1987, Canada participated in the United Nations Interregional Consultation on Social Welfare. In the course of its participation in this consultation, Canada (as represented by Health and Welfare) made significant amendments to the UN document to ensure that the Forward Looking Strategies and the concerns of women were appropriately included and considered. Canada also played an important role in ensuring that priority was given to these issues in the preparatory European Regional meeting.

XIII-11 Organization for Economic Cooperation and Development (OECD) Conference on Lone Parents

On December 15-17, 1987, the Director of Social Policy Analysis, was a delegate from Canada to an OECD Conference of National Experts on Lone Parents: The Economic challenge of Changing Family Structures, held in Paris, France.

XIV

Equity in Employment

See Appendix VII for a
report on the Departmental
Affirmative Action program.

APPENDICES

Appendix I - Health and Welfare Plan of Action 1985-90
Based on the Nairobi Forward-Looking Strategies (FLS) for the
Advancement of Women to the Year 2000 is contained in the
1985-86 Report.

Projects Concerning Women

Current F-Y Projects as of April 4, 1989

Page 1

Women With Addictions
Community Services Council
St. John's, Nfld.

6550-6-0076
Total Contribution: \$49,191
January 1, 1989 to September 30, 1989

Main Health Issue: Substance Abuse
Funding Stream: National Drug Strategy

HPD Office: Atlantic

To advocate for appropriate and available treatment services for drug dependent women in Newfoundland through the means of a needs assessment which will provide the Committee with the necessary background for informed recommendations.

Services for Women Alcoholics: A Needs Assessment Design # 6550-6-0059 Community Services Council
Nfld.
Total Contribution: \$6,000 St. John's,
March 14, 1988 to May 14, 1988

Main Health Issue: Alcohol abuse
Funding Stream: National Drug Strategy

HPD Office: Atlantic

To design a province-wide needs assessment of female alcoholics in Newfoundland and Labrador.

Self-Help for PMS
East Prince Women's Information
Centre Inc.
Summerside, P.E.I.

6550-7-0024
Total Contribution: \$153,296
February 1, 1988 to February 28, 1990

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Atlantic

The objectives of this project include informing and educating women about PMS and facilitating the development of effective support systems.

One Woman
Mann House Corp.
Charlottetown, P.E.I.

6550-7-0030
Total Contribution: \$21,415
August 15, 1988 to June 15, 1989

Main Health Issue: Drug or solvent abuse
Funding Stream: National Drug Strategy

HPD Office: Atlantic

To provide chemically dependent women with access to community resources, both government and private, which they may require in rebuilding their lives.
The Health Promotion Fund

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Nobody's Perfect - Home of the Guardian Angel
Home of the Guardian Angel
Single Parent Centre
Halifax, N.S.

6550-8-0118
Total Contribution: \$79,403
September 1, 1987 to August 31, 1990

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Atlantic

To give young single mothers access to accurate, up-to-date information on their children's health, safety, development and behaviour.

North End Clinic - Health Education Project
North End Community Health
Association
Halifax, N.S.

6550-8-0114
Total Contribution: \$195,529
January 1, 1987 to May 30, 1989

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Atlantic

To reduce the social isolation of young mothers in the North End and provide them with opportunities to develop skills in parenting, group organization and leadership.

Whole Women
Support to Single Mothers Inc.
Moncton, N.B.

6550-9-0049
Total Contribution: \$207,594
February 1, 1988 to March 31, 1991

Special Population: Low Income
Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Atlantic

To identify the health concerns of low income, single women and develop a program to address these issues.

The Health Promotion Fund

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Les femmes se refont la santé
Centre de Santé des Femmes du
Quartier Plateau Mont Royal
Montreal, Que.

6551-2-0514
Total Contribution: \$175,938

April 1, 1988 to March 31, 1991

Main Health Issue: Maternal health
Funding Stream: Regular Program

HPD Office: Quebec

Three workshops will be held dealing with mental health, sexuality and premenstrual and menstrual discomfort.

Le groupe d'entraide: "Femmes et Fortes"
Le groups d'intervention "Le Droit
de Dire Non"
Quebec, Que.

6551-2-0511
Total Contribution: \$184,140

January 2, 1988 to December 31, 1990

Main Health Issue: Family violence
Funding Stream: Regular Program

HPD Office: Quebec

The formation of a self-help group serving women who have been abused during their childhood in the Quebec City area.

Les femmes et la nourriture: un rapport conflictuel
Verdun Total Contribution: \$166,814 Verdun, Que.

6551-2-0513 Centre des Femmes de
January 4, 1988 to December 31, 1990

Main Health Issue: Other
Funding Stream: Regular Program

HPD Office: Quebec

To increase women's knowledge as to the causes, effects and consequences that eating disorders may have on their lives.

Santé mentale des femmes
Maison des Femmes des Bois-Francis
Victoriaville, Que.

6551-2-0512
Total Contribution: \$151,645
January 4, 1988 to December 31, 1989

Main Health Issue: Mental health
Funding Stream: Regular Program

HPD Office: Quebec

The creation of a radio "soap opera" consisting of 26 episodes presenting current situations, conflicts and stresses pertinent to mental health.
The Health Promotion Fund

Projects Concerning
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Elixir ou Assuétude d'Eve: Defi 200
Le Centre des Femmes de l'Estrie
Sherbrooke, Que.

6551-2-0330
Total Contribution: \$244,000
November 1, 1984 to June 30, 1988

Main Health Issue: Alcohol abuse
Funding Stream: Regular Program

HPD Office: Quebec

An awareness program will be developed to increase the knowledge of women with respect to alcohol and drug abuse, and find alternative solutions to these problems through meetings and special sessions.

S.E.F.A.M.
Centre de Femmes La Source
St-Felicien, Que.

6551-2-0498
Total Contribution: \$38,980
October 5, 1987 to May 27, 1988

Main Health Issue: Recovering from acute event
Funding Stream: Regular Program

HPD Office: Quebec

The formation of a self-help group serving women who have undergone a mastectomy in the municipalities of Dolbeau, St-Felicien, Roberval and Alma.

Project "Cope"
Elizabeth Fry Society
Hamilton Branch
Hamilton, Ont.

6552-2-0133
Total Contribution: \$337,032
January 1, 1988 to December 31, 1990

Main Health Issue: Alcohol abuse
Funding Stream: Regular Program

HPD Office: Ontario

To create an atmosphere of learning to enable participants to understand and increase their control over substance abuse and addiction.

The Health Promotion Fund

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Women and Smoking: A Canadian Handbook for Action
Canadian Council on Smoking and
Health
Ottawa, Ont.

6549-2-0195

Total Grant:

\$59,878

October 25, 1988 to March 31, 1990

Main Health Issue: Tobacco
Funding Stream: Tobacco

HPD Office: National

The CCSH will complete the adaptation, production and distribution of a Canadian Handbook for Action on Women and Smoking and develop a bilingual information flyer to promote the new resource.

Psychotropic Drug Booklets
Kingston Alcohol Referral Centre
Kingston, Ont.

6552-2-0144

Total Contribution: \$152,000

February 1, 1988 to March 31, 1990

Main Health Issue: Medication mis-use
Funding Stream: Regular Program

HPD Office: Ontario

The aim of this project is to assist older women and those at mid-life to make informed choices about psychotropic drug use.

Surgery - What Choice Do We Have? Phase Two
National Council of Jewish
Women of Canada
Downsview, Ont.

6549-2-0157

Total Contribution: \$180,242

October 1, 1987 to September 30, 1989

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: National

To support women who are considering or recovering from gynecological surgery by increasing their knowledge about gynecological conditions, about self-care and support systems, and about how to use the health care system.

The Health Promotion Fund

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**Northwestern Ontario Birthing Booklet
Northwestern Ontario Women's Health
Information Network
Thunder Bay, Ont.**

**# 6552-2 0136
Total Contribution: \$104,488**

December 1, 1987 to September 30, 1989

**Main Health Issue: Maternal health
Funding Stream: Regular Program**

HPD Office: Ontario

This project will provide women and their families with a booklet containing basic medical and nonmedical information to prepare them for an out-of-town delivery.

**Taking Care
Peterborough Y.W.C.A.
Peterborough, Ont.**

**# 6552-2-0121
Total Contribution: \$157,440
November 3, 1986 to March 31, 1989**

**Main Health Issue: Multiple health issues
Funding Stream: Regular Program**

HPD Office: Ontario

To provide readable health information to women with limited reading skills, and specifically, to revise, reprint and distribute 10,000 copies of the book "Taking Care - A Handbook About Women's Health".

**Action on Health Barriers
Opportunity for Advancement
Toronto, Ont.**

**# 6552-2-0110
Total Contribution: \$354,512
January 1, 1985 to December 31, 1988**

**Main Health Issue: Multiple health issues
Funding Stream: Regular Program**

HPD Office: Ontario

A model for a health education program is being developed with the input of sole-support mothers on government assistance to enable them to make informed choices about health and health care for themselves and their families.

The Health Promotion Fund

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Le stress au feminin
Union culturelle des
Franco-Ontariennes
Ottawa, Ont.

6552-2-0120
Total Contribution: \$88,760
October 1, 1986 to July 31, 1988

Main Health Issue: Mental health
Funding Stream: Regular Program

HPD Office: Ontario

The purpose of this project is to provide a positive education program on women and stress to members of l'Union culturelle des Franco-Ontariennes.

Looking Ahead - A Conference for Women in the Prime of Life
Committee for Women's Concerns
Port Elgin, Ont.

6552-2-0128
Total Contribution: \$5,956
February 1, 1988 to July 31, 1988

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Ontario

To increase the awareness of health support systems among rural women in Bruce County.

National Eating Disorder Information Centre
Toronto General Hospital
Toronto, Ont.

6549-2-0137
Total Contribution: \$192,215
September 1, 1985 to April 30, 1988

Main Health Issue: Other
Funding Stream: Regular Program

HPD Office: National

Development of resource materials for individuals with eating disorders and their family members particularly for use in support groups will be undertaken.

Stories of Women
Women's Post Treatment Development
Proposal
Winnipeg, Man.

6553-2-0121
Total Contribution: \$22,200
October 1, 1988 to March 31, 1990

Main Health Issue: Substance Abuse
Funding Stream: National Drug Strategy

HPD Office: Prairies

To publish a book based on the experiences of women affected by chemical dependency and childhood sexual abuse.

The Health Promotion Fund

**Projects Concerning
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Street Drug Program
Prostitutes and Other Women for
Equal Rights, Winnipeg
Winnipeg, Man.

6553-2-0132
Total Contribution: \$35,000
January 1, 1989 to March 31, 1990

Special Population: Minority Group
Main Health Issue: Substance Abuse
Funding Stream: National Drug Strategy

HPD Office: Prairies

The implementation of a drug awareness and treatment program which will include the preparation and distribution of pamphlets on drug use, using street language.

Proposition de developpement de programme de promotion de la
santé chez les Franco-Manitobaines
Pluri-elles (Manitoba) Inc.
Winnipeg, Man.

6553-2-0098
Total Contribution: \$48,430
October 1, 1988 to July 31, 1989

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Prairies

A needs assessment will be done in seven regions in Manitoba dealing with sexuality, pregnancy, childbirth and other parenting concerns.

Women's Post Treatment Development Proposal
Women's Post Treatment Development
Proposal
Winnipeg, Man.

6553-2-0146
Total Grant: \$5,000
December 1, 1988 to March 31, 1989

Main Health Issue: Substance Abuse
Funding Stream: Regular Program

HPD Office: Prairies

Developmental work will be done in order to produce a proposal dealing with counselling services to women who have developed drug and alcohol problems, and have a history of sexual abuse.

The Health Promotion Fund

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Gatekeepers Northern Options for Women Thompson, Man.	# 6553-2-0066 Total Contribution: \$142,500 April 1, 1986 to September 30, 1988
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Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Prairies

A comprehensive program to provide information, resources, skill development and self-help support for northern Manitoba women will be developed.

CRIAW Conference '87 - Women and Wellbeing Canadian Research Institute for the Advancement of Women Winnipeg, Man.	# 6549-2-0155 Total Contribution: \$25,000 September 14, 1987 to August 31, 1988
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Special Population: Low Income
Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: National

To support the costs of travel, living and special needs for a select number of disadvantaged and disabled women from across the country to attend the 1987 CRIAW conference.

Women and Substance Abuse Elizabeth Fry Society of Saskatchewan an Inc. Saskatoon, Sask.	# 6553-2-0108 Total Contribution: \$65,454 August 1, 1988 to March 31, 1991
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Main Health Issue: Drug or solvent abuse
Funding Stream: National Drug Strategy

HPD Office: Prairies

To develop and implement an educational program on substance abuse to meet the needs of female substance abusers in Prince Albert and Saskatoon.

The Health Promotion Fund

**Projects Concerning
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Pregnant Women and Tobacco Use Cessation/Prevention Program	#	6553-2-0153
Saskatchewan Institute of Applied Science and Tech.-Ext. Div. Regina, Sask.	Total Grant	\$456,793
March 22, 1989 to February 28, 1990		

**Special Population: Minority Group
Main Health Issue: Tobacco
Funding Stream: Tobacco**

HPD Office: Prairies

The development of new and adaptation of existing smoking cessation programs and resources focussing on the reduction of smoking among young and minority pregnant women.

Women and Violence Ad Hoc Committee on Women and Violence. P.A. Coop Health Cen Prince Albert, Sask.	#	6553-2-0074
	Total Contribution:	\$155,100
January 2, 1988 to December 31, 1989		

**Special Population: Natives
Main Health Issue: Family violence
Funding Stream: Regular Program**

HPD Office: Prairies

The establishment of long term mutual support groups which will address issues such as selfesteem, isolation, the stigma of being a battered woman, physical safety and self-care skills.

Women's Mid-Life Health Maintenance Outreach Project Saskatoon Community Clinic Community Health Services Ltd. Saskatoon, Sask.	#	6553-2-0141
	Total Contribution:	\$48,350
December 1, 1988 to November 30, 1989		

**Special Population: Low Income
Main Health Issue: Multiple health issues
Funding Stream: Regular Program**

HPD Office: Prairies

To develop a specific health promotion program directed towards women in this target area involving a series of workshops and presentations with various organizations that have a high population of women.

The Health Promotion Fund

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Contemporary Women's Self-Help Program
Contemporary Women's Program
Regina, Sask.

6553-2-0073
Total Contribution: \$120,000
November 1, 1987 to October 31, 1989

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Prairies

The development of a series of self-help groups that will complement current programming by going beyond employment to address the issues of physical and mental well-being.

Take Control
Saskatoon Community Health Unit
Saskatoon, Sask.

6553-2-0150
Total Grant: \$49,500
March 22, 1989 to March 31, 1989

Main Health Issue: Tobacco
Funding Stream: Tobacco

HPD Office: Prairies

The objective of this project is to develop and implement a smoking cessation program designed by and for women.

Addressing the Health Problems of Women in Prison:
A Community Approach to Health Care
The Elizabeth Fry Society of
Saskatchewan
Saskatoon, Sask.

6553-2-0059
Total Contribution: \$143,755
October 1, 1985 to October 31, 1988

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Prairies

This project seeks to increase the accessibility of health education programs for female offenders in Saskatchewan.

The Health Promotion Fund

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Project Soledad
Mennonite Centre For Newcomers
Edmonton, Alta.

6554-2-0150
Total Contribution: \$52,660
October 1, 1988 to September 30, 1989

Special Population: Minority Group
Main Health Issue: Family violence
Funding Stream: Regular Program

HPD Office: Western

The development of effective, culturally acceptable and accessible resources to stimulate awareness of this issue in the community and provide a tool with which to bring women together and create mutual support structures.

Downtown Eastside Women's Centre Health Project
Downtown Eastside Women's Centre
Vancouver, B.C.

6554-2-0091
Total Contribution: \$69,240
April 1, 1988 to March 31, 1990

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Western

To increase the availability of health information and resources and to support self care practices by women of the Centre.

Women's Reproductive Health Project
Vancouver Women's Health Collective
Vancouver, B.C.

6554-2-0077
Total Contribution: \$175,006
February 1, 1987 to January 31, 1989

Main Health Issue: Sex/sexuality education
Funding Stream: Regular Program

HPD Office: Western

This project will develop a series of workshops directed at low income women in British Columbia, Alberta and the Yukon on reproductive health.

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Women

Completed Projects as of April 4, 1989

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Development, Production and Distribution of Cesarean Birth # 6551-2-0374
Information and Educational Materials
Cesarean Birth Association
of Montréal (CBAM)
Pointe Claire, Que.

Total Contribution: \$29,878

April 1, 1985 to March 31, 1988

Main Health Issue: Maternal health
Funding Stream: Regular Program

HPD Office: Quebec

A series of bilingual education and information materials aimed at increasing the knowledge of parents on the preparation for the possibility of a cesarean delivery will be produced.

La Santé et la Femme
Centro Donne Montréal - Centre des
femmes italiennes de Montréal
Montreal, Que.

6551-2-0508
Total Contribution: \$11,974

December 1, 1987 to March 31, 1988

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Quebec

To investigate the health concerns of Italian women in Montreal by carrying out a health assessment for this target group.

Besoin en santé des femmes de la communauté haïtienne du comté
Saint-Denis et de Parc Extension
Centre Haitien d'Animation et
d'Intervention Sociales
Montreal, Que.

6551-2-0509
Total Contribution: \$15,000

December 1, 1987 to March 31, 1988

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Quebec

To carry out a needs assessment with Haitian women in Montreal by engaging small groups of women in a dialogue about how they perceive health problems and possible solutions.

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A Book on Menopause
Montreal Health Press, Inc.
Montreal, Que.

6549-2-0114
Total Contribution: \$103,035
September 3, 1984 to September 30, 1987

Main Health Issue: Reproductive Health
Funding Stream: Regular Program

HPD Office: National

A book on menopause will be published and distributed nationally for use by Canadian women.

Promoting Change in Hospitals and Health Agencies to
Be More Supportive of Breastfeeding
INFACT Canada/Infant Feeding
Action Coalition
Toronto, Ont.

6549-2-0150
Total Contribution: \$9,750
May 1, 1987 to March 31, 1988

Main Health Issue: Breastfeeding
Funding Stream: Regular Program

HPD Office: National

To contribute to an extended mailing, distribution and evaluation of the publicity kit on the slide presentation "WHO International Code Protects Babies".

Women Being Well
Women Today
Clinton, Ont.

6552-2-0112
Total Contribution: \$196,715
April 1, 1985 to March 31, 1988

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Ontario

Women will be trained to facilitate self-help groups which focus on substance abuse and eating disorders relating to anorexia.

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Immigrant Women, Stress and Health Film
Women Working with Immigrant Women
Toronto, Ont.

6549-2-0138
Total Contribution: \$50,750
November 1, 1985 to December 31, 1987

Special Population: Immigrants
Main Health Issue: Mental health
Funding Stream: Regular Program

HPD Office: National

A film in English and French to increase awareness among immigrant women and health care professionals of the origin of stress and the health consequences for women will be produced.

Breast Cancer Manual
YM - YWCA of Winnipeg
Winnipeg, Man.

6553-2-0057
Total Contribution: \$201,419
July 16, 1984 to March 31, 1988

Main Health Issue: Recovering from acute event
Funding Stream: Regular Program

HPD Office: Prairies

An educational resource on breast cancer will be developed for the lay person providing information on the biological and psychological aspects of breast cancer.

North End Women's Centre Health Education Project
End Women's Centre, Inc.
Man.

6553-2-0064 North
Total Contribution: \$120,000 Winnipeg,
December 1, 1985 to March 31, 1988

Main Health Issue: Multiple health issues
Funding Stream: Regular Program

HPD Office: Prairies

Advisory committees will be established to identify priority health issues in such areas as parenting, nutrition, aging, stress, substance abuse and safety, and develop strategies for testing and implementation.

APPENDIX III

NATIONAL HEALTH RESEARCH AND DEVELOPMENT PROGRAM (NHRDP)/ PROGRAMME NATIONAL DE RECHERCHE ET DE DÉVELOPPEMENT EN MATIÈRE DE SANTÉ (PNRDS)

RESEARCH SUPPORT TO WOMEN'S HEALTH ISSUES/ AIDE À LA RECHERCHE AU SUJET DE LA SANTÉ DES FEMMES

FOR THE PERIOD/POUR LA PÉRIODE 1987-89

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6603-1225-46	Fetal Movement Counting and Attitudes in Pregnancy. Department of Obstetrics and Gynaecology, Dalhousie University Dr. Robert LISTON	1985-86 1986-87 1987-88 1988-89	12,163.00 50,193.00 45,540.00 13,596.00
	SYNOPSIS: The continuing toll of late intrauterine fetal death in low-risk pregnancy demands the development of an inexpensive, non-invasive daily test of fetal health. Maternal perception of fetal movement has been shown to correlate well with fetal outcome and there is some evidence that universal application of daily movement counting may help to reduce the incidence of intrauterine death. However, physicians have been slow to apply such tests to routine practice, because of possible concern about maternal anxiety evoked by counting. The purpose of the proposed study is to determine the effect of fetal movement counting on maternal attitudes toward pregnancy, fetus and self. As a supplementary aim, the study is also designed to assess the applicability of fetal movement counting as a means of fetal assessment amongst a population of low-risk women.		
6605-2021-44	The Psychosocial Outcomes of Coronary Bypass Surgery: A Study of Patient and Spouse Adjustment During the First Post-Surgical Year. Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University Dr. Nancy FRASURE-SMITH	1983-84 1984-85 1985-86 1986-87 1987-88 1988-89	9,964.00 43,342.00 35,755.07 21,591.93 37,881.00 3,934.00
	SYNOPSIS: Although coronary bypass surgery is becoming increasingly frequent, little is known about its psychosocial impact on patients and spouses, or about factors placing certain individuals at risk for poor psychosocial outcomes. Most research in this area has focused on return to work and has assumed that return to work is synonymous with a good post-surgical quality of life. There is reason to question this assumption and without additional measures of outcome, very little can be said about the impact of surgery on the quality of life. The present study aims to remedy this situation by exploring various aspects of patient adjustment during the first year following surgery; assessing the psychological impact of surgery on patients' spouses; examining the relationship between return to work and other indices of adjustment; and exploring the use of various pre-surgical indices as predictors of later psychosocial outcome.		
6605-2091-52	Endocrine Profiles in Premenstrual Syndrome (PMS). Department of Obstetrics and Gynecology, Montreal General Hospital Dr. Beverley E. Pearson MURPHY	1984-85 1985-86 1986-87 1987-88 1988-89	26,385.00 105,036.00 66,868.00 24,056.00 8,581.00
	SYNOPSIS: The premenstrual syndrome (PMS) is increasingly recognized as an important clinical problem among women in their reproductive years. It is estimated that 70% to 90% of women suffer some form of premenstrual indisposition and that 20% to 40% are at some time disabled by it. Researchers will study women through a complete cycle and try to correlate daily psychological test scores with endocrine profiles in order to determine the underlying physiological changes responsible for this syndrome. The results of this work will have implications for prevention and treatment.		

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6605-2224-53	étude cas-témoins sur les facteurs associés au risque d'hypertension gestationnelle et de pré-éclampsie. Département de médecine sociale et préventive, Université Laval. Dr. Jacqueline FABIA et Dr. Sylvie MARCOUX RÉSUMÉ: L'hypertension induite par la grossesse (hypertension gestationnelle et pré-éclampsie) est une complication fréquente de la grossesse, dont les conséquences peuvent être importantes pour la mère et le bébé. L'hypertension induite par la grossesse (HIG) accroît le risque de décès maternel, foetal et néonatal. Dans son rapport préliminaire de septembre 1983, le Groupe de travail sur les grossesses à risque, mis sur pied par le ministère de la Santé nationale et du Bien-être social, a identifié l'HIG comme sujet de recherche prioritaire. L'étude cas-témoins proposée vise principalement à déterminer si le risque d'HIG est influencé par certains facteurs auxquels peut être exposée la mère pendant la première moitié de la grossesse tels que le repos, l'activité physique, la prise d'alcool, de caféine, de calcium, de vitamines et d'acide acétylsalicylique.	1984-85 22,726.00 1985-86 33,550.00 1986-87 19,905.00 1987-88 1,727.00	
6605-2230-53	Early Pregnancy Loss: Its Extent, Nature and Relevance for Identifying Hazards to Reproduction. Department of Epidemiology and Health, McGill University. Dr. Abby LIPPMAN SYNOPSIS: Surveillance of spontaneous abortions appears, in principle to be a useful method for identifying human teratogens. However, the "true" frequency of spontaneous abortion is presently unknown because of problems in the diagnosis and ascertainment of very early pregnancy loss. This study aims to improve our knowledge of early embryonic and fetal loss for the presence of human chorionic gonadotropin. The applicant will determine the extent and nature of "unrecognized" spontaneous abortion and investigate possible biases that may arise in epidemiologic studies based on recognized or confirmed pregnancies. The results should help in evaluating the usefulness and relevance of early fetal loss monitoring to identify environmental hazards to healthy human reproduction.	1984-85 34,590.00 1985-86 75,456.25 1986-87 40,730.25 1987-88 ----- 1988-89 ----- 1989-90 3,585.00	
6605-2242-43	Quality of Life Following Two Types of Breast Cancer Surgery. Dept. of Psychiatry, Jewish General Hospital - Sir Mortimer B. Davis Dr. Jean-Claude LASRY SYNOPSIS: Until recently the preferred surgical treatment for breast cancer has been the total mastectomy, a psychologically "devastating" experience for most patients. Recent studies suggest that survival rates for a more breast saving surgery, the segmental mastectomy (local excision of the tumor). Taking advantage of an ongoing U.S. - Canada Breast Cancer Study, the proposed research aims at comparing the quality of life of patients treated with a total or a segmental mastectomy. Psychosocial dimensions of life affected by cancer will be assessed (e.g. psychological distress, consumption of drugs and/or alcohol, sexual functioning and marital adjustment, social functioning) with a questionnaire. The study will provide information to help physicians and patients select the more appropriate surgical treatment, from a psychosocial stand point.	1985-86 41,056.00 1986-87 22,905.00 1987-88 42,777.00 1988-89 ----- 1989-90 9,765.00	

Project No./
No de projet

Title of Project, Institution and Principal Investigator(s)/
Titre du projet, agences et chercheur(s) principal(aux)

6605-2412-56	Étude des paramètres reliés à l'état osseux chez la femme âgée normale vivant à domicile et chez celle hospitalisée pour une fracture de la hanche Dépt. de Physiologie. Université de Montréal Dr. Andrée IMBACH	1987-88	20,678.49
		1988-89	67,187.08
		1989-90	31,642.83

RÉSUMÉ: La fracture de la hanche chez la femme âgée, attribuable à l'ostéoporose sénile, constitue un problème du vieillissement qui accroît la dépendance et déclenche le processus coûteux de l'institutionnalisation. On dénote au Québec, plus de 2500 cas de fractures de la hanche/an, entraînant \$25 millions de frais d'hospitalisation et environ \$30 millions de plus pour les soins à donner au 50% de ces personnes qui ne peuvent retourner à domicile. 70% des fractures surviennent chez la femme, à cause de sa plus faible densité osseuse et de l'accélération de la déminéralisation lors de la ménopause. Tant que la personne âgée peut fonctionner seule à domicile, elle reste intégrée au milieu de vie qui lui est familier et elle allège d'autant le coût que représenterait autrement sa prise en charge par l'état. Il en va donc de notre intérêt de retarder le plus longtemps possible la nécessité de l'hospitalisation et de préserver l'autonomie des personnes âgées. Une meilleure connaissance de notre milieu doit nous orienter dans ce sens.

Ce projet se propose d'étudier les paramètres reliés à l'état osseux chez 150 femmes âgées, dont 75 sans fracture vivant à domicile et 75 admises à l'hôpital pour une fracture de la hanche. Elles seront comparées des points de vue fonctionnel, nutritionnel, biochimique, hormonal et quant à leur densité osseuse. Nous tenterons d'établir le risque de fracture de notre population âgée et; à partir des caractéristiques de chaque groupe, de préparer dans une autre étape un plan d'intervention approprié pour ce groupe d'âge et l'ensemble des femmes péri-ménopausées. Les données permettront d'énoncer les recommandations à l'intention des intervenants et de la population quant à la prévention de l'ostéoporose.

6605-2433-56	La carence en fer chez la femme active. Département de nutrition - Faculté de médecine, Université de Montréal Dr. Marielle LEDOUX	1985-86	6,678.00
		1986-87	27,683.00
		1987-88	24,520.00
		1988-89	2,364.00

RÉSUMÉ: Malgré la démonstration de l'incidence élevée d'une carence en fer appelée "anémie du sport" parmi les athlètes d'élite et certains groupes de sportifs, l'étiologie de cette "anémie du sport" demeure inconnue. Ainsi, cette carence en fer pourrait être: a) un effet d'une alimentation faible en fer pendant une période prolongée; b) un effet combiné de l'exercice et de la diète; ou enfin c) le fait d'une modification hormonale qui influencerait le métabolisme du rôle de chacun de ces facteurs parce que l'on n'a pas précisé l'apport nutritionnel en fer et en vitamine C, l'intensité de l'exercice pratiqué ou l'état du cycle menstruel des sujets à l'étude. Cette question doit cependant être résolue: en effet, le fer joue un rôle majeur comme composant de la myoglobine, de l'hémoglobine et des cytochromes, dans le transport de l'oxygène et dans le métabolisme énergétique dont l'efficacité est la base d'une performance optimale chez l'athlète et d'une participation adéquate à des activités physiques de loisirs chez le sportif. Les résultats de cette étude permettront de développer des moyens de prévention adéquats ou d'envisager des correctifs pertinents en présence d'une anémie ferriprive documentée et dont les mécanismes seront connus.

Project No./
No de projet

Title of Project, Institution and Principal Investigator(s)/
Titre du projet, agences et chercheur(s) principal(aux)

6605-2584-58

Étude décrivant l'incidence de la mortalité et de la prématurité parmi des groupes d'employées de bureau exposées aux terminaux à écran de visualisation. Département de médecine sociale et préventive, Université Laval
Dr. Michel VÉZINA

1986-87	8,582.00
1987-88	25,053.00
1988-89	3,700.00

RÉSUMÉ: Il s'agit d'une étude de cohorte rétrospective visant à décrire certaines issues de grossesses défavorables, telles que la prématurité et la mortalité chez les auxiliaires en saisie de données, et à comparer les taux obtenus avec ceux de deux autres groupes de travailleuses de bureau de la fonction publique du Québec. Un premier groupe est constitué des secrétaires et dactylographes qui sont susceptibles d'être exposées, mais à un niveau moindre que les auxiliaires, à une organisation rigide du travail et aux terminaux à écran de visualisation. Le deuxième groupe représenté par les agents de bureau est peu susceptible d'être exposé à ces facteurs. Cette comparaison a pour but de déterminer s'il existe, chez les travailleuses en saisie de données, un excès d'issues de grossesses défavorables.

Depuis quelques années, plusieurs rapports faisant état de regroupement d'issues de grossesses défavorables inquiètent les travailleuses. Actuellement, l'absence de données suffisantes concernant l'utilisation des TEV et les risques pour la reproduction ne nous permet pas de déterminer si les craintes des travailleuses sont fondées sur des risques réels. Ces risques peuvent être associés à l'utilisation de TEV, à l'organisation du travail qui prévaut dans le secteur de la bureaucratie, ou à une combinaison des deux. Le groupe des auxiliaires en saisie de données se caractérise par sa forte exposition aux facteurs fortement suspectés d'être à la base des problèmes liés à la reproduction.

6605-2768-54

Risk Factors for Human Papillomavirus Type 16 Lesions of the Uterine Cervix: a case-control study
Dept. of Social & Preventive Medicine, Laval University
Dr. Jacques BRISSON

1987-88	49,170.00
1988-89	147,027.00
1989-90	53,803.00

SYNOPSIS: Human Papillomavirus (HPV) type 16 has been linked to many cervical cancers and many intraepithelial lesions of the uterine cervix, including cervical intraepithelial neoplasia (CIN) and cervical condyloma. Exposure to the virus, however, may not necessarily be sufficient to induce these lesions. Interaction with environmental and host factors could also play an important role.

The aim of this study is to determine whether vitamin A, cigarette smoking, oral contraceptive use and age at first intercourse could effect the occurrence of cervical intraepithelial lesions which are linked to HPV-16. Cases and controls (about 2000) will be women seen for the first time at the Colposcopy Clinic of St-Sacrement Hospital in Quebec City over an 18-month period. All will undergo a uniform evaluation including a personal interview, sampling of blood for measurement of serum retinol and B-carotene levels, gynaecological examination, Pap smear, cytologic sampling by cervical scraping and colposcopically-directed biopsy of visible lesions. A historic review of biopsy material will be done. Southern blot hybridization will be performed under stringent conditions to identify women with HPV-16 positive lesions. Relative risks will be estimated using models such as logistic regression. If necessary, confounding factors will be taken into account.

These data may help understand the etiology and natural history of cervical cancer and help find ways of preventing this disease. Moreover, they may help understand the etiology of cancer of the vulva and penis which have also been linked to HPV-16.

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agence et chercheur(s) principal(aux)		
6605-2769-56	Identification and Characteristics of Large and Small Eaters Laval University Claude BOUCHARD, Ph.D.	1987-88 1988-89	24,114.50 29,472.50
SYNOPSIS: There are considerable individual differences in habitual energy intake among persons of similar age, sex, body weight and fat free mass. It is suggested here from preliminary observations that such differences in energy intake persist even in individuals of identical physical activity level. The purpose of this study is a) to establish whether there are large eaters and small eaters in a group of women similar in terms of age, body weight, fat free mass and physical activity level, and b) to thermic effect of food and thermic effect of exercise. Non-obese non-smoking women who perceived themselves as large eaters or small eaters will be recruited through the media, measured for body composition, and asked to fill 7-day food intake and activity records. On the basis of these data, 50 large eaters and 50 small eaters will be selected and asked to fill again 7-day food intake and activity records. Subsequently, a subsample of 20 large eaters and 20 small eaters will undergo more detailed studies. This research should allow to clearly establish whether there are large and small eaters in the population and determine their major energy expenditure characteristics. It will set the stage for the study of the importance of the phenomenon in human obesity.			
6605-2904-A50	Vancouver Women IDVA/AIDS Project Development Hôpital Ste-Justine Docteur Normand LAPOINTE	1987-88 1988-89	10,000.00 1,000.00
SYNOPSIS: HIV infection is spreading in women. Women who use drugs intravenously (IVDA) are at increased risk of exposure to the virus due to their habit and to the need for financing the habit. A population of IVDA women who are pregnant receive prenatal and/or perinatal care and postpartum follow-up at the Grace Maternity Hospital and the infants are treated at the special care nursery of the Children's Hospital and the Sunny Hill Hospital for Children. A second population of women is being followed at Ste-Justine's Hospital in Montreal where the immune status and conversion rates of their children are being studied. The objective of the workshops is to develop a research protocol for a multicentre study using the population of IVDA women in Vancouver and the Montreal group and later on involving women attending Methadone treatment clinics in other large cities in Canada. For effective research design, it is essential that those involved become familiar with the Vancouver Program in some detail, and meet with the Vancouver co-investigators. The outcome of the workshops will be a formalized protocol for a multicentre study.			
6605-2906-46CSA	Long Term Sequelae and Traumatic Factors in Childhood Sexual Abuse Dept. of Psychology and Centre for Research in Human Development, Concordia University Prof Tannis ARBUCKLE	1987-88 1988-89 1989-90	11,687.25 12,985.25 1,298.00
SYNOPSIS: This is a request for support of an ongoing psychological research project on adult women who have experienced Childhood Sexual Abuse (CSA). The project goal is the exploration of long-term effects of CSA on the victims, as well as the identification of CSA-related correlates in the individual and interpersonal functioning of CSA victims. This research will provide extensive background information as to which dimensions of the CSA experience are particularly compromised by having experienced CSA. As well, this project has the potential of supplying information on risk factors for CSA, indications of the impact of CSA on usage of health-care facilities, and further information on the incidence of various kinds of CSA. These findings will provide useful information to the Department of Health and Welfare in its current endeavour of identifying funding priorities for future projects in the area of CSA.			

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6605-2796-44	Étude sur l'adaptation de la mère à la naissance de son nouveau-né: La détection précoce de la haute probabilité d'une dépression post-partum Faculté de médecine, Université de Montréal Docteur Jean-François SAUCIER	1988-89 1989-90 1990-91	37,595.19 127,390.05 71,003.76
	RÉSUMÉ: La dépression post-partum a des conséquences néfastes sur la femme elle-même, sur la relation avec son conjoint et sur le développement de son enfant. Une détection précoce des femmes, qui auront un risque élevé de dépression dans les six mois qui suivront la naissance de leur enfant, donnera le temps nécessaire pour faire des interventions efficaces avant l'accouchement. Le présent projet testera l'efficacité d'une série d'instruments administrés au 3e et au 4e mois de la grossesse chez 432 femmes enceintes. À l'aide de visites à domicile et d'un questionnaire, les chercheurs examineront l'efficacité à prédire de ces instruments en évaluant l'état dépressif de ces femmes. Les analyses vérifieront les relations entre les informations obtenues au 3e et 4e mois de la grossesse et l'état de dépression au cours des six mois suivant l'accouchement.		
6605-2820-52	Quantification de l'exposition du nourrisson aux analgésiques pris par la mère pendant la lactation École de Pharmacie, Pavillon Vachon, Cité Universitaire, Université Laval Docteur Louise BEAULAC-BAILLARGEON	1987-88 1988-89 1989-90 1990-91	10,175.99 11,460.21 15,141.80 1,440.00
	SYNOPSIS: This study examines the pharmacokinetics of four commonly used analgesics (ASA, acetaminophen, codeine and propoxyphene) in lactating mothers. Generally, most medications used on occasional basis by the mothers, are excreted in maternal milk in low concentrations. However, hepatic and renal maturity of newborns prolongs the half-life of these drugs. The goal of this project is to define more precisely, the potential risks to the newborn after use of these medications by the mother. Ten postpartum women who are breastfeeding will be included for each analgesic. The kinetics of each analgesic will be compared in maternal plasma, milk and newborn plasma at two intervals: after one dose; and 24 hours after administration of the dose.		
6605-2827-53	Évaluation du risque d'avortement spontané et de mort foetale en association avec la présence d'un anticoagulant lupique Dépt. de Santé Communautaire, Université McGill Docteur Claire INFANTE-RIVARD	1987-88 1988-89 1989-90 1990-91	7,461.00 34,941.00 30,407.00 2,958.00
	SYNOPSIS: Evaluation of spontaneous abortion and fetal death risks when lupus anticoagulants are present. The presence of lupus anticoagulants (LA) has been reported in women who have had spontaneous abortions and fetal deaths. Even though the existence of a link between spontaneous abortions/fetal deaths and LA has not been fully demonstrated, the clinical community is already convinced that an association exists and is beginning to treat it with immunosuppressive drugs without evidence of efficacy or safety. It is proposed to carry out a case-study to determine whether an association exists between spontaneous abortions/fetal deaths and the presence of LA in pregnant women and, if the association is confirmed, to estimate the extent of the risk. If a significant risk is demonstrated, therapeutic studies could be undertaken with a view to prevent an important portion of spontaneous abortions and fetal deaths.		

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6605-2988-52	Marqueurs biochimiques dans le dépistage précoce de la prééclampsie: une étude prospective Département de Biochimie, Centre de recherche de l'hôpital Saint-François d'Assise Docteur Jean-Claude FOREST	1988-89 1989-90 1990-91 1991-92	28,342.00 56,601.00 10,915.00 10,650.00

RÉSUMÉ: La prééclampsie est une maladie de la grossesse caractérisée par l'hypertension artérielle, l'œdème (persistant après 12h de repos) et la protéinurie (>0.3 g/24h), survenant après vingt semaines de grossesse. Son étiologie est inconnue et seul l'accouchement semble un traitement efficace. Cette maladie survient chez 6% des femmes enceintes mais elle est la cause d'un pourcentage élevé de complications tant pour la mère que pour le bébé pour qui le risque de mortalité est considérablement accru et est proportionnel à la sévérité de la maladie. La prévention et l'intervention précoce sont à l'heure actuelle les meilleurs moyens d'éviter les complications. La prédiction de la prééclampsie à l'aide d'observations et/ou d'épreuves cliniques manque généralement de sensibilité, les signes cliniques apparaissant tardivement alors que la souffrance foetale est déjà installée. L'évolution des moyens diagnostiques de laboratoire permet maintenant d'associer à un coût raisonnable divers tests sanguins et urinaires ayant une plus grande sensibilité afin d'augmenter la valeur prédictive des moyens de dépistage. Dans cette étude les chercheurs évalueront la valeur prédictive de paramètres biochimiques sanguins et urinaires pour lesquels des changements ont été reliés à la prééclampsie. Dix-sept paramètres sanguins et six paramètres urinaires seront mesurés chez 2000 femmes enceintes à chacun des trimestres de la grossesse. Des études statistiques seront effectuées dans le but de déterminer un profil de marqueurs permettant de dépister de façon précoce la prééclampsie.

6605-2994-43	Project pilote pour étudier l'efficacité d'un programme de relaxation sur le sevrage des hypnotiques et les symptômes d'insomnie chronique Faculté de Pharmacie, Université de Montréal Docteur Raymonde L. MARINIER	1988-89 1989-90 1990-91	13,485.00 1,498.00
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RÉSUMÉ: La consommation chronique d'hypnotiques est un problème important chez les personnes âgées. Cette consommation s'accompagne souvent de phénomènes de tolérance et de dépendance, d'un retour de l'insomnie et de réactions de sevrage parfois sévères sans compter les complications dues aux interactions médicamenteuses.

Il existe des approches non pharmacologiques pour le traitement de l'insomnie, mais celles-ci ont été jusqu'à maintenant très rarement utilisées chez les personnes âgées. On sait par ailleurs que le sevrage aux hypnotiques est anxiogène et inefficace s'il ne s'accompagne d'un retour à un sommeil normal. Il s'avère donc nécessaire de doubler toute tentative de sevrage par une méthode dotée à la fois d'un potentiel anxiolytique et d'une capacité d'induction d'un sommeil satisfaisant et à cet égard les méthodes de relaxation s'avèrent efficaces chez les adultes jeunes. La présente étude se propose de répondre à deux questions: 1) une méthode de relaxation est-elle suffisante pour assurer un sommeil satisfaisant chez des gens âgés insomniaques chroniques et consommateurs d'hypnotiques? et 2) cette approche thérapeutique permet-elle l'abandon des hypnotiques par les sujets qui s'y prêtent? Pour ce faire, des insomniaques souffrant de troubles d'endormissement, consommateurs d'hypnotiques et âgés de plus de 60 ans recevront individuellement 2 niveaux de traitement, l'un d'éducation sur le sommeil et l'autre sur l'apprentissage d'une méthode de relaxation. Les mesures porteront sur la latence d'endormissement, la durée du sommeil, les siestes diurnes, la consommation d'hypnotiques et les symptômes d'anxiété et de dépression. Elles permettront d'évaluer l'efficacité de la relaxation lors d'un sevrage d'hypnotiques et ses effets sur le sommeil des gens âgés.

Project No./
No de projet

Title of Project, Institution and Principal Investigator(s)/
Titre du projet, agences et chercheur(s) principal(aux)

6605-2995-54	Comparison of Amoxicillin and Erythromycin in the Treatment of Genital Chlamydial Infection of Pregnant Women Dept. of Social and Preventive Medicine, Laval University Dr. Michel ALARY	1989-90	46,981.25
		1990-91	105,756.32
		1991-92	74,531.95
		1992-93	25,252.00

SYNOPSIS: The objective of this randomized double-blind clinical trial is to evaluate amoxicillin as an alternate drug for the treatment of genital chlamydial infection in pregnant women. Over a period of two years, collaborating physicians and general practitioners working in seven hospitals of the Québec city area will be asked to screen all women at the beginning of their third trimester of pregnancy for cervical and urethral infections caused by *Chlamydia trachomatis*. Around 11,000 women should thus be screened and between 450 and 900 of these pregnant women should be infected by this agent. Once informed consent is obtained, these women will be randomized in two equal groups. In the first group, patients will receive amoxicillin 500 mg tid for seven days; in the second group they will receive erythromycin 500 mg tid for seven days, the current standard treatment. To blind the study, both drugs will be given in similar capsules. Pre-coded packs with amoxicillin will contain additional placebo capsules in such a way that patients randomized in this group will take four capsules daily, the third dose being a placebo. Current sexual partner(s) will be simultaneously investigated and treated. Thereafter, all participating women will be followed for persistence of chlamydial infection one week after the end of treatment and at time of delivery. Laboratory procedures will include culture of endocervical and urethral specimens for *C. trachomatis*. Group sequential analysis will be performed to prevent unethical continuation of study. The current treatment for chlamydial infection in pregnant women is far from ideal and the proposed study should define the exact role of amoxicillin in the treatment of this infection.

6605-2999-57	Evaluation of "Info-Grossesse"/The (Montreal) Pregnancy Healthline Dept. of Epidemiology and Biostatistics, McGill University Dr. Abby LIPPMAN	1988-89	5,652.66
		1989-90	47,359.00
		1990-91	32,286.00

SYNOPSIS: To improve services to pregnant women, a pilot program, Info-Grossesse/The Pregnancy Healthline has been established in the catchment area of the Montreal General Hospital Département de santé communautaire (MGH-DSC). Its objective is to provide access to reproductive risk information via a telephone service based at the Montreal Children's Hospital (MCH). The main evaluation study comprises a randomized clinical trial comparing telephone counselling of callers reporting "non-trivial" exposures to potential reproductive risks to the more traditional approach of in-person counselling at a University medical center. Changes over time in the knowledge and use of services providing reproductive risk information will also be assessed by surveying pregnant women and by continued monitoring of inquiries received by the MCH units and Info-Grossesse. The evaluation study will also assess the feasibility of maintaining a registry of exposed pregnancies. Such a registry, if successful, would increase our knowledge about local exposures and their reproductive effects and could serve as a resource in environmental monitoring. Overall, these data about the healthline program will be used for the first rigorous evaluation of such an activity and will provide a basis for decisions about the future applicability of services to a broader population.

6605-3066-53	The Relation of Caffeine Intake During Pregnancy to Birthweight Dept. of Social and Preventive Medicine, Laval University Dr. Sylvie MARCOUX	1988-89	25,016.00
		1989-90	80,143.00
		1990-91	17,484.00
		1991-92	13,627.00

SYNOPSIS: Caffeine is frequently consumed during pregnancy and a small increase in the relative risk of low birthweight in women exposed to caffeine might contribute to a substantial proportion of low birthweight babies. Few studies have assessed the influence of caffeine intake on birthweight, and their results are inconsistent. Moreover, the only two studies which considered the interaction of caffeine and smoking yielded contradictory results.

The investigator proposes to carry out a population-based cohort study to clarify the relation of caffeine exposure during pregnancy to the risk of low birthweight, fetal growth retardation and preterm birth and to assess the interaction between caffeine and cigarette smoking on these outcomes.

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6605-3066-53 (cont'd)	A total of 9,000 women who reside in the Quebec City area will be interviewed by phone three weeks after delivery. Exposure to caffeine from coffee, tea, colas, chocolate and drugs during pregnancy will be assessed. The risks will be estimated from women exposed to different levels of caffeine ingestion and cigarette smoking, taking as referent those exposed to neither of these factors. The population attributable risks associated with caffeine intake, cigarette smoking and their interaction will also be determined.		
6606-2087-43	Social Support and Outcome in Teenage Pregnancy. Health Care Research Unit, University of Western Ontario. Dr. R. Jay TURNER, Dr. Carl F. GRINDSTAFF, Dr. J.P. SHERIN and Dr. Joseph R. MORRISSY	1982-83 1983-84 1984-85 1985-86 1986-87 1987-88 1988-89 1989-90	32,641.00 50,164.00 51,129.00 52,472.00 12,000.00 15,765.00 3,528.00 1,566.00
	SYNOPSIS: The primary purpose of the proposed study is to investigate the role and significance of experienced social support in relation to pregnancy outcomes among teenagers. More specifically, it is proposed to study the relationship of social support to complications of pregnancy including the physical health and psychological well-being of the mother and the health status of the child.		
6606-2140-53	The Role and Treatment of Genital Mycoplasmas in Pregnancy Loss. Department of Bacteriology, Hospital for Sick Children. Dr. Patricia A. QUINN	1982-83 1983-84 1984-85 1985-86 1986-87 1987-88 1988-89	61,167.00 149,473.00 227,847.18 250,861.00 274,870.00 27,180.00 62,677.00
	SYNOPSIS: 15-25% of pregnancies abort spontaneously. Many women abort recurrently for no known reason. The applicant has defined a subgroup among this population who have otherwise normal fertility and are positive for genital mycoplasma (74% compared to 20% of the normal fertile couples). An association of genital mycoplasmas with pregnancy loss has been reported in humans and bovines. The risk of abortion in these women, in the preliminary studies, was 96% compared to the statistically expected rate of 25-40%. When treated before conception with doxycycline, loss was reduced to 46%. Such treatment before, and/or erythromycin treatment during pregnancy, reduced the risk to less than 10%. The purpose of this project is two-fold: a) to carry out a definitive study on the role of genital mycoplasmas in pregnancy loss; b) to test through prospective blind trials, the efficacy of antibiotic therapy in preventing pregnancy loss in this defined group.		
6606-2628-44	An Evaluation of Infertility Therapy in Canadian Infertility Clinics. Department of Obstetrics and Gynaecology, McMaster University Dr. John COLLINS	1983-84 1984-85 1985-86 1986-87 1987-88 1988-89	24,554.00 72,288.00 34,297.00 53,767.00 61,091.00 17,697.00
	SYNOPSIS: This proposal will evaluate treatment given to couples with moderate degrees of infertility. Estimating the value of infertility therapy is important because pregnancy is often reported among infertile couples who have ceased all treatment and among others who have received no treatment. If successful, the evaluation will eliminate unnecessary tests, avoid ineffective therapy and clarify the outlook for couples with a complaint of infertility.		

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre : projet, agences et chercheur(s) principal(aux)		
6606-2898-58	The Relationship Between Exposure to Anaesthetic Agents and Abnormal Pregnancy Outcome in Operating Room Nurses. Occupational and Environmental Health Unit, University of Toronto Dr. James PURDHAM	1986-87 1987-88 1988-89 1989-90	16,669.00 37,312.00 ----- 3,940.00
	SYNOPSIS: Epidemiological evidence, though limited by design problems, does suggest that women employed in operating rooms are at greater risk of adverse pregnancy outcome than women in similar occupations employed outside the operating theatre. The evidence is strongest for spontaneous abortions. It has generally been assumed that anaesthetic agents are responsible for the problems and scavenging devices have been introduced for the control of these agents. However, such a cause-effect relationship has never been demonstrated, and other agents found in the operating theatre environment could also be responsible. The proposed study aims to determine whether the introduction of scavenging devices has reduced the risk of spontaneous abortion and whether current environmental conditions in operating theatres present an elevated risk. The study will also examine the previously uninvestigated association of work in theatres with reduced birth weight. The investigation will provide additional evidence on the cause-effect relationship of exposure to anaesthetic gases and adverse pregnancy outcome. The study is designed as a retrospective cohort study with data on work and pregnancy history being obtained by questionnaire from operating room nurses and a control group of nurses working in general medical wards. The results are expected to show whether spontaneous abortion and low birth weight occurred with greater frequency amongst operating room nurses and if so, whether current control methods are successful in reducing risk.		
6606-3008-56	The Influence of Adverse Reactions to Foods on Food Selection and Nutritional Quality of the Diet. Department of Nutritional Sciences, University of Toronto Dr. Magdalena KRONDŁ	1986-87 1987-88 1988-89 1989-90	10,851.00 27,325.00 18,199.10 1,546.05
	SYNOPSIS: The effect of perceived adverse reactions to food on food selection and nutritional quality of the diet is a complex problem which to date has lacked adequate scientifically based research. This has prompted some affected individuals to resort to self-diagnosis or non-traditional forms of health care which may compromise nutrition through inappropriate diets. The proposed pilot study will recruit subjects via cooperating physicians in allergy clinics. The subjects will be grouped according to type and time of onset of symptoms of adverse reactions and the groups compared in terms of eating patterns, energy and nutrient intakes, food perceptions and previous dietary intervention. Research findings will identify the nutritional and related problems arising from adverse reactions to food and enable health professionals to focus on these areas of need.		
6606-3255-43	Costs and Outcomes of an <i>in vitro</i> Fertilization Program. Department of Obstetrics and Gynaecology, McMaster University Dr. John F. JARRELL	1986-87 1987-88 1988-89 1989-90 1990-91	10,424.00 40,815.00 45,889.00 40,936.38 30,000.00
	SYNOPSIS: Randomized controlled trial of early versus late <i>in vitro</i> fertilization is proposed. The objective of the trial is to assess the effectiveness of the procedure. The trial will measure clinical effectiveness of the procedure measured by number of viable pregnancies, live births and healthy infants at one year compared with no treatment. The cost and utility of <i>in vitro</i> fertilization will be assessed. A management trial, under normal clinical conditions with patients who requested the procedure, identified in the Infertility Clinic, will be conducted.		

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6606-3265-X

Collaborative Study of the Treatment of Maternal Phenylketonuria (PKU).
Department of Pediatrics, The Hospital for Sick Children, Toronto
Dr. William B. HANLEY

1986-87	17,532.00
1987-88	30,404.00
1988-89	46,219.01
1989-90	22,110.58

SYNOPSIS: The incidence of mental retardation (MR) and related birth defects in the offspring of women with phenylketonuria (PKU) has been found to be very high (97%) whether or not the infants themselves have the disease. On the basis of the number of women of normal intelligence with PKU approaching child-bearing age, the incidence of MR related to the disease could soon reach levels as high as those encountered before widespread screening and the successful treatment of the disease in infancy was established 20-25 years ago.

This study is part of a major international collaborative project organized in the U.S. to determine whether treatment of maternal PKU (MPKU) by dietary phenylalanine restriction during pregnancy will prevent MR and other birth defects in the offspring. All 18 PKU treatment centres in Canada have agreed to participate in the study through a single coordinating centre located at the Hospital for Sick Children in Toronto. There are over 120 women currently at risk for MPKU in Canada with an estimated 20 additional girls entering the high risk group each year. The overall aim of the collaborative study is to evaluate the treatment of a total of 200 pregnancies in women with PKU, including 20-25 studied in Canada, over a 7-year period. The U.S. component of the project is being supported by a major grant from the National Institute of Health; this application is for funds to support the Canadian aspect of the project only. The results will have a profound effect on the counselling of women with PKU and the management of their condition during pregnancy. The project serves also as a model for the evaluation of difficulties likely to be encountered in other situations calling for therapeutic dietetic intervention during pregnancy, e.g. diabetes.

6606-3271-57

Economic Evaluation and Quality of Life Assessment of Prenatal Diagnosis: Chorionic Villi Sampling Versus Genetic Amniocentesis.
Department of Epidemiology and Biostatistics, McMaster University
Dr. David FEENY

1986-87	2,959.00
1987-88	115,538.50
1988-89	131,378.60
1989-90	11,898.00

SYNOPSIS: Chorionic Villi Sampling (CVS) is a new technique for prenatal diagnosis and may replace genetic amniocentesis for some indications. The key potential advantages of CVS are earlier and more timely diagnosis. Potential disadvantages include elevations in the risk of miscarriage and errors in diagnosis.

This study will complement an ongoing multi-centre randomized controlled clinical trial by providing a comprehensive quality of life assessment and economic evaluation of CVS versus amniocentesis. The study has three objectives. First, it will assess the impact of CVS on the quality of life of trial patients at two centres (Hamilton and Toronto) using both psycho-social and utility measurement tools. Second, it will construct cost-effectiveness, cost-utility and cost-benefit estimates for both procedures and compare them. Finally, as a secondary methodological objective, the results obtained from the administration of two quality of life instruments on the same subjects will be compared. The study will provide valuable and timely information on the appropriate roles of CVS and amniocentesis in prenatal diagnostic services in Canada and the indications for such tests.

Project No./
No de projet

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Titre du projet, agences et chercheur(s) principal(aux)

6606-3340-55	Explanatory Models of Health During Pregnancy: A Study of Native Women and Non-Native Health Care Providers in Toronto (A Feasibility Study). Department of Behavioural Science, University of Toronto Dr. Ilze KALNINS	1986-87 1987-88 1988-89 1989-90	3,391.00 8,489.00 ----- 1,293.61
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SYNOPSIS: Pregnant Native women and their infants are considered by the medical profession to be a high-risk population. Yet literature on the health of urban Native Canadians suggests that pregnant Native women appear to avoid seeking health care until their pregnancy is well in advance. Factors cited for delay in seeking health care are that Native women perceive pregnancy as a natural event for which there is no need to seek medical advice and treatment and that they may lack understanding of risk factors involved in pregnancy. These perceptions are in contrast to those of the health care professional who considers pregnancy a crucial time for preventive intervention. The proposed study will involve the development of a sampling frame and a methodology to compare and contrast perceptions of health during pregnancy of urban Native women and non-Native health care providers. The proposed study will be done in collaboration with an urban Native advisory committee. The data obtained from this feasibility study will form the basis for a more in-depth study in this regard as well as being useful to the urban Native community and to health organizations concerned with Native health.

6606-3406-55	The Kingston Combined Care for Mother-Infant Nursing Evaluation Project. University of Ottawa Ms. Nancy E. WATTERS	1987-88 1988-89	8,785.00 976.72
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SYNOPSIS: Combined care nursing for mothers and infants is a trend in the delivery of hospital postnatal care claimed to improve the quality of care and patient and staff satisfaction at no extra cost. However these benefits have not been systematically demonstrated. The Kingston General Hospital changed to combined care from traditional care in December 1986. An evaluative study is proposed which would replicate most of a study currently underway at the Ottawa General Hospital. Similar findings yielded from the separate studies would greatly strengthen the overall results where true experimental designs are not possible. The aim of the project is to determine the outcomes of combined care nursing for mothers and infants versus traditional separate care. Outcome variables include: 1) programme effectiveness using the indicators - maternal competence with self and infant care at hospital discharge, establishment of breastfeeding in hospital, breastfeeding success at 6 weeks; 2) patient satisfaction; 3) staff satisfaction; 4) operational cost. The MOTHERS' HOSPITAL QUESTIONNAIRE will be completed by 400 mothers prior to hospital discharge. Subjects will be asked to return a similar MAIL-IN QUESTIONNAIRE one week later. The BREASTFEEDING TELEPHONE INTERVIEW SCHEDULE will be administered to an estimated 300 breastfeeding subjects. The STAFF SURVEY will be distributed to the 20 postpartum/newborn nursing staff. Research instruments are based on programme objectives, expert review and pretesting. Evaluation of the instruments with 200 maternal and 28 staff subjects indicated that reliability was strong, sensitivity was adequate to detect expected differences in outcomes between subject groups and the completion rate was 97%. Data will be collected pre - and post - programme implementation dividing subjects into traditional care and combined care groups.

Project No./ No du projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6606-3429-59	Study of Postural Changes of the Trunk during Pregnancy. Mechanical Engineering Dept., Queen's University Dr. Genevieve A. DUMAS	1987-88 1988-89 1989-90 1990-91	12,950.00 34,563.00 36,977.00 9,388.00
	SYNOPSIS: Low back pain is a very common problem during pregnancy. The prominent mechanical factors that it has been attributed to are: the increased load on the lumbar spine, the increased lordosis due to modification of posture, the lack of tone of the abdominal muscles, and the relaxation of joints due to hormones. However, these factors have not been studied. The purpose of the proposed project is to study the postural changes that occur in pregnancy. In particular the variation of the position of the line of gravity and the lordosis. The effect of exercise on posture during pregnancy will be assessed by comparing the evolution of the parameters mentioned above for a group of women attending an exercise class and a group of women not exercising regularly. The differences in the modification of posture for women experiencing low back pain and women not experiencing it will also be studied.		
6606-3438-56	Effect of Caffeine and Calcium Intake on the Bone Mass of Postmenopausal Women. Dept. of Nutritional Sciences, University of Toronto Dr. Magdalena KRONDL	1987-88 1988-89 1989-90	4,690.90 13,067.79 1,394.00
	SYNOPSIS: Osteoporosis is a common disabling condition, particularly among postmenopausal women. Its causes and definitive preventive measures have not yet been established and remain controversial. Inadequate calcium intake on a long-term basis has been suggested as an etiologic factor to osteoporosis but there still remains a paucity of epidemiologic studies dealing with lifelong consumption patterns. Recent evidence suggests that caffeine intake could contribute to a worsening of the calcium balance but its long-term effect has not been investigated. The proposed study will recruit healthy postmenopausal women. Their long-term intake of caffeine and calcium-containing foods will be assessed retrospectively and correlated with their current bone mass, measured by the <i>in vivo</i> neutron activation analysis method. Since adults' dietary patterns are often characterized by a low intake of calcium-containing foods and high intake of caffeine-containing foods, this project will provide information regarding the long-term effect of diet on bone mass and will suggest dietary strategies, which, in combination with exercise, may help to prevent osteoporosis.		
6606-3465-46	The Effects of Maternal Depression on Infant Development. Dept. of Psychology, University of Western Ontario Dr. Ian H. GOTLIB	1987-88 1988-89 1989-90	15,211.00 58,875.00 52,687.00
	SYNOPSIS: Previous research has established that the children of depressed women are at significant risk for developing cognitive, behavioural and social difficulties. The proposed research is designed to examine the effects of maternal depression, occurring during the postpartum period, on the developing infant. Specifically, it is hypothesized that maternal depression will negatively influence maternal perceptions of, and interactions with the infant, with consequences both for the infant's emotional attachment to the mother, and for the infant's cognitive and social development. Two groups of 100 depressed and 100 nondepressed women and their infants will be followed in a longitudinal design over the first postpartum year. The women and infants will be assessed at two, seven and twelve months following delivery. The data to be collected include both maternal and paternal perceptions of the infants, observational measures of the mother-infant interactions, and information concerning the cognitive development and attachment status of the infants. The purpose of this proposed research is twofold: first, to examine specifically whether an episode of postpartum depression in fact has negative consequences for the infant, and second, to elucidate the process by which maternal depression might exert such an influence. The proposed research has immediate relevance to our understanding of postpartum depression and its effects, and in addition, provides a database for subsequent research examining longer-term effects of maternal depression on the children.		

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6606-3510-42	Evaluation of the Relationship between Estrogen Exposure and Withdrawal to Cyclic Symptoms of Premenstrual Syndrome Dept. of Obstetrics and Gynaecology, Queen's University Dr. Robert L. REID	1988-89 1989-90	18,275.00 17,300.00
	SYNOPSIS: Premenstrual syndrome (PMS) is a disorder which, for many women of reproductive age range, involves the cyclic recurrence of distressing physical, psychological and/or behavioural changes prior to menstruation each month. The precise hormonal trigger for these manifestations is unknown although several lines of evidence have implicated the degree of antecedent estrogen exposure and/or the rate of estrogen withdrawal. The investigation will explore the relationship of changing estrogen levels to the appearance of premenstrual symptomatology in former PMS sufferers who have had their ovaries removed. Through differing patterns of estrogen supplementation, changes in circulating estrogen levels can be correlated with physical and psychological symptoms.		
6606-3513-54	The Role of Human Papillomavirus Types 16 and 18 in Cervical Cancer. Dept. of Pathology, McMaster University Dr. William E. RAWLS	1987-88 1988-89 1989-90	21,834.00 19,043.50 2,917.00
	SYNOPSIS: Neoplastic disease of the uterine cervix appears to be initiated by a venereally transmitted factor and to progress gradually through a preinvasive state (CIN) to invasive cervical cancer. Recently it has become apparent that certain types of human papillomaviruses (HPV) are venereally transmitted and DNA sequences of some of these viruses have been found in CIN as well as invasive cancer cells. In fact, HPV types 6 and 11 are found more frequently in condylomas and CIN while types 16 and 18 occur more frequently in invasive cancers. From these and other observations, it has been hypothesized that CIN lesions associated with HPV-16 or 18 are those that progress to invasive cancer. The investigators propose to test this hypothesis by comparing the occurrence of HPV-16/18 DNA and CIN lesions of women who subsequently developed invasive cancer (cases) with the occurrence of the viral DNA in CIN lesions of women who have not subsequently developed invasive cancer (controls). The finding of HPV-16/18 DNA more frequently in CIN lesions of cases than of controls would support the hypothesis and would indicate that the presence of viral DNA could serve as a predictive marker for the potential of a CIN lesion to progress to invasive cancer.		
6606-3661-AIDS	Assessment of Sexual Behaviour Related to Transmission of HIV Infection among Women in the Primary Care Setting. Family Medicine, University of Ottawa Dr. Thomas J. ELMSLIE	1988-89 1989-90 1990-91 1991-92	11,200.00 65,799.00 8,501.00 9,499.00
	SYNOPSIS: In order to ensure that heterosexual transmission of HIV does not become a substantial part of the spread of HIV infection in Canada, individuals need to be adequately aware of their risk of acquiring HIV and other sexually transmitted diseases (STD) in this setting. This study will assess the prevalence of risky sexual behaviour in women who receive their medical care from a general practitioner/family physician practicing in a large urban centre. It will also identify factors which characterize women who are at risk and therefore may benefit from assessment of STD risk and counselling. This data will be useful in assessing the potential for future spread of HIV infection in a broad segment of the female population.		

Project No./ le projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
-3799-42	Stress Management Intervention for Menopausal Hot Flushes: Elucidating the Mechanisms of Action. Dept. of Psychology, University of Western Ontario Dr. Leora C. SWARTZMAN	1988-89 1989-90 1990-91 1991-92 1992-93	11,000.00 39,673.00 50,175.00 17,816.00 13,184.00
	SYNOPSIS: There has been a burgeoning interest in the impact of stress on human health and illness, with particular interest in psychophysiological disorders (e.g. headaches, chronic pain, menstrual symptomatology). Because these disorders are not always responsive to standard medical intervention, stress-management procedure (e.g. relaxation training) are sometimes offered as adjuncts. However, the implicit assumption that these disorders are exacerbated by stress is difficult to test because their physiological correlates are not readily measurable. For instance, it is possible that stress merely affects symptom report rather than the underlying physiological parameter. Similarly, are treatment gains attributable to actual alterations of physiological parameters or to changes in symptom report? Work on the psychophysiology of menopausal hot flushes is germane here. Hot flushes are the most frequently reported menopausal symptom for which women seek medical treatment. Research suggests that women flush more frequently under stress. Unlike other psychophysiological disorders, hot flushes can be objectively measured, making it possible to determine if improvement following stress management interventions is attributable to actual physiological changes or changes in symptom report. The availability of objective outcome criteria permits a more accurate delineation of individual differences predicting responsiveness to treatment. In the proposed investigation, 48 postmenopausal women with frequent hot flushes will be assigned to either progressive relaxation or a control procedure. The effectiveness of these interventions on objective flushes versus flush report tendencies and individual differences predicting responsiveness to treatment will be examined. This investigation will help elucidate the mechanisms through which stress management interventions exert their effect on psychophysiological disorders.		
-4323-AIDS	The Ontario HIV Seroprevalence Study in Women of Reproductive Age. Dept. of Preventive Medicine & Biostatistics, University of Toronto Dr. Randall A. COATES	1989-90 1990-91 1991-92	180,789.00 99,623.00 31,000.00
	SYNOPSIS: The Ontario HIV seroprevalence study in women of childbearing age has been developed as part of the Federal Centre for AIDS National Seroprevalence Study. The objectives of the study are to obtain an accurate estimate of the baseline HIV infection rate, both in a sample of Ontario women bearing live children, and a sample of women electing to have an induced abortion, over a twelve month period. The study will be an anonymous survey, utilizing leftover blood from routinely performed blood tests, after all personal identifying information has been removed. A small portion of 80,000 blood spots collected as neonatal heelprick tests for metabolic screening will be analysed for HIV antibodies. An additional sample of 9,000 prenatal VDRL tests from abortion patients attending a Toronto abortion referral clinic will also be analysed for HIV antibodies. Within the study no individual patients with HIV infection will be identifiable. Rather, population HIV seroprevalence rates will be generated at the provincial and regional level, which can be utilized in planning appropriate intervention strategies and health services.		
-1289-53	The Influence of Anesthesia and Surgery on the Outcome of Pregnancy - Pilot Analysis. Department of Anaesthesia, University of Manitoba Dr. Peter DUNCAN	1984-85 1985-86	13,500.00 1,274.77
	SYNOPSIS: There exists, with any drug administered to a woman during pregnancy, the possibility of untoward effects upon the developing fetus. Numerous studies in human and small animals have suggested anaesthetic abnormalities, or even malignancies in the fetus when exposure occurs during pregnancy in Operating Room personnel. The present study attempts to define what risk, if any, is posed to a developing fetus by incidental administration of a full anaesthetic during pregnancy for the purpose of surgery.		

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6607-1304-07	Electronic Diaphanography (E/DPG) as an Adjunct to the Early Diagnosis of Breast Cancer. Department of Medicine, St. Boniface General Hospital, Winnipeg Dr. Ross E. BROWN and Dr. Harvey SCHIPPER	1982-83 1983-84 1984-85 1985-86 1986-87	12,000.00 60,784.00 38,165.65 55,783.53 15,648.57
	SYNOPSIS: The new diagnostic technique of electronic diaphanography (E/DPG) will be used to determine its feasibility in detection of breast cancer. Its application will be primarily directed towards premenopausal women, the group in which X-Ray mammography has encountered difficulties in diagnosis of breast carcinoma.		
6607-1323-54	Etiology and Therapy of Acute Salpingitis. Department of Medical Microbiology, The University of Manitoba Dr. Robert C. BRUNHAM	1983-84 1984-85 1985-86 1986-87 1987-88 1988-89	6,140.40 48,969.50 40,531.75 56,172.00 51,679.00 20,176.00
	SYNOPSIS: This study will define the microbiology of acute salpingitis for patients identified in Winnipeg and may be more generally applicable to the etiology of acute salpingitis as observed in North America. This study proposes a randomized treatment trial of acute salpingitis evaluating short and long-term outcomes. This would represent the first prospective evaluation of the treatment of acute salpingitis.		
6607-1351-54	Epidemiology and Strategies for Management of Hospital-Acquired Catheter-Associated Urinary Tract Infections in Women after Catheter Removal. Section of Infectious Diseases and Disease Control, St. Boniface General Hospital Dr. Godfrey K.M. HARDING	1984-85 1985-86 1986-87 1987-88 1988-89 1989-90	2,990.00 25,591.25 27,624.75 22,491.74 16,144.26 1,550.00
	SYNOPSIS: Approximately 10-15% of patients in acute care hospitals receive indwelling urethral catheters and of these 10-20% acquire a catheter-associated urinary tract infection. It is widely accepted that asymptomatic patients should not be treated with more antibiotic-resistant bacteria. However, there is no available data on how best to manage these patients after the catheter is removed. Dr. Harding proposes to establish, with a prospective randomized control trial, the most appropriate management for this most common hospital-acquired infection. He will also study patient characteristics and organism characteristics which may predict outcome of the infection.		
6607-1401-53	A Population-based Study of Cervical Screening in Manitoba. Department of Social and Preventive Medicine, University of Manitoba Dr. Marsha M. COHEN	1985-86 1986-87 1987-88 1988-89 1989-90 1990-91	10,121.70 40,319.44 31,801.00 26,930.92 21,461.75 2,090.00
	SYNOPSIS: The study proposes to describe pap testing in the province of Manitoba over fifteen years and to assess the follow-up of women who have had an abnormal pap test. Data from the Manitoba Health Services Commission (MHSC) will be used to determine the number of pap tests and the number of women who have had a pap test in the province, 1970 to 1984 inclusive. Characteristics of women who have had fewer or greater than the recommended number of tests (according to the Walton reports of 1976 and 1982), will be described. As well, MHSC data will be used to identify women who have had an abnormal pap test. The pap test history of these women will be ascertained as well as their subsequent follow-up and treatment. The study will use record linkage between MHSC and the Manitoba Cancer Treatment and Research Foundation to follow up women over time.		

ject No./
de projet

Title of Project, Institution and Principal Investigator(s)/
Titre du projet, agences et chercheur(s) principal(aux)

7-1441-57	The Impact of Obstetric Evacuation Policy on Inuit Women and their Families in the Keewatin Region, Northwest Territories. Department of Social and Preventive Medicine, University of Manitoba Dr. John D. O'NEIL	1987-88 1988-89 1989-90	102,785.20 129,995.84 35,635.20
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SYNOPSIS: The purpose of this research project is to document past and current patterns of obstetric care in the Keewatin zone of the Northwest Territories and to provide information relevant to designing new ways of delivering childbirth services to that region. Current policy is that all women should be evacuated for childbirth in southern hospitals. This project will investigate the impact of this evacuation on the health and psychosocial wellbeing of women, their families and communities, particularly the young children who must be cared for during the absence of the mother.

The initiative for the study came out of concerns raised by people living in the Keewatin. The project staff includes representatives of Inuit organizations, health service agencies, and researchers from epidemiology, pediatrics and obstetrics. The design is based on community participation at all stages in its formulation and implementation. The intent in organizing this as a collaborative project is to ensure that the work is relevant to community needs and able to have the maximum impact on health planning and policy in the Keewatin region.

7-1444-AIDS	Perinatal Transmission of HIV Infection and Pediatric AIDS. Department of Medical Microbiology, University of Manitoba Dr. Francis A. PLUMMER	1986-87 1987-88 1988-89 1989-90 1990-91	45,000.00 42,237.00 59,027.00 49,076.00 4,786.00
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SYNOPSIS: AIDS virus is spreading rapidly in Central and Eastern Africa. Because one-half of the individuals infected in African societies are women, vertical spread (mother to infant) is a major public health concern. The present study will investigate the outcome of pregnancy in mothers who are AIDS virus positive, determine the risk to the infant of acquiring infection during pregnancy, at delivery, and in the postpartum period. Infants will be followed for their first three years of life with serial examination. Studies will also be carried out to determine if routine immunizations are effective in creating an adequate antibody response in infants who have AIDS virus infection.

These studies will enable both patients and physicians to know the anticipated outcome from pregnancy in AIDS-virus-infected mothers. Policies to prevent vertical infection can then be instituted. The risks of routine immunization and the efficacy of these procedures in this population will be determined. All these studies are tremendously important, both to African societies where AIDS virus is epidemic now in six countries and also in Western societies where maternal AIDS virus infection is still uncommon, but increasing rapidly.

The Canadian portion of this study will be funded by NHRDP, in cooperation with the International Development Research Centre which is funding the African portion.

9-1275-44	Effects of Short-Term Interaction Coaching with Mothers of Preterm Infants. Department of Educational Psychology, University of Calgary Dr. H. LYTTON	1984-85 1985-86 1986-87 1987-88 1988-89	11,178.41 16,745.81 12,500.08 9,594.90 1,412.00
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SYNOPSIS: This study proposes to examine the effects of eight 40-minute interaction coaching sessions on the mother-infant interaction patterns of preterm mother-infant dyads. It is hypothesized that short-term interaction coaching will positively influence mother-infant interaction and help promote more harmonious synchronous interactions in this high-risk group. It is further hypothesized that this training will influence infant development at age two. Results may point to a prevention-oriented intervention useful to clinicians working with high-risk mother-infant pairs.

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6609-1342-56	Northern Infant Nutrition Study. Department of Pediatrics, University of Alberta Dr. John C. GODEL	1986-87	29,108.00
		1987-88	123,031.00
		1988-89	59,149.00
			90,000.00
			33,000.00
	SYNOPSIS: There is evidence in northern Native infants that certain vitamin levels may be low and their low levels may be associated with hepatitis, anemia, rickets and a variety of infections. In this project, the vitamin, mineral and nutritional status of Native women in the Inuvik Zone of the Northwest Territories will be studied during pregnancy and lactation and the findings related to the vitamin status of their infants at birth. The nutritional intake and vitamin levels of mothers and their infants will be re-evaluated at six weeks post-partum. These findings will be related to immunologic and clinical status.		
6609-1344-52	Studies on Premenstrual Tension Syndrome. Department of Medicine, University of Calgary Dr. Hiroko WATANABE	1986-87	11,704.00
		1987-88	-----
		1988-89	9,118.00
		1989-90	14,435.00
		1990-91	1,261.00
	SYNOPSIS: Premenstrual Tension Syndrome (PMS) is a common condition which is estimated to affect 70-90% of women of reproductive age; of those affected, 20% may be periodically disabled to some extent. There is inadequate scientific information about the biochemical basis of this disorder resulting in ignorance about the proper diagnosis and management. The researcher will be investigating the role of various hormones that relate to water retention and mood changes which are frequent symptoms of PMS by comparing a group of women suffering from PMS with a group of women without any history of PMS. The women will be compared on the basis of several biochemical and self-reported subjective measures.		
6609-1444-AIDS	Canadian Collaborative Study of Human Immunodeficiency Virus Infection among Sexually Active Women. Multicentre Study: Dr. Barbara ROMANOWSKI, Alberta Department of Health Dr. R. FRALICK, Toronto Department of Public Health Dr. Kate HANKINS, Montreal General Hospital Dr. Gregory HAMMOND, University of Manitoba Dr. Michael REKART, British Columbia Department of Health	1986-87	17,550.00
		1987-88	215,650.00
		1988-89	229,144.80
		1989-90	102,409.74
		1990-91	10,121.00
	SYNOPSIS: Heterosexual transmission of HIV infection and the implications of such spread for the future course of the epidemic is a public health concern worldwide. Epidemiologic studies have established that bidirectional transmission of HIV occurs, although the efficiency of female-to-male transmission compared to male-to-female spread has not been determined. In Canada, a total of 40 cases of AIDS have been reported in adult females (as of January 1, 1987). In twenty-eight percent of these women, the exposure to HIV was attributed to heterosexual activity with a person at risk of HIV infection. In an additional 50% of these cases, infection due to heterosexual activity was likely.		
	The underlying extent of HIV infection in the female population is unknown at this time. The purpose of this study is to determine the prevalence of infection among sexually active women attending STD clinics in Canada and the prevalence of factors known to increase the risk of exposure to HIV. Information from this study will provide baseline prevalence rates for use in monitoring the spread of HIV infection and for evaluating the effectiveness of educational programs to control this illness.		

Project No./ no de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6609-1523-56	The Relationship between Maternal Fluid Intake and Breast Milk Supply Faculty of Nursing, University of Alberta Dr. Janice M. MORSE	1988-89 1989-90	13,495.00 1,500.00
SYNOPSIS: Many mothers who give up breastfeeding do so because of a perceived problem of inadequate milk supply. Increasing fluid intake has conventionally been thought to help alleviate this problem. There have been only five studies examining the relationship between maternal fluid intake and milk supply. All of these studies have major methodological flaws such as inadequate sample size, lack of control data and have not used suitably sensitive scales to measure infant milk intake, so that to date this relationship has not been tested. The objectives of this pilot study are to (1) examine the relationship between maternal fluid intake and breast milk supply and (2) explore the relationship between breast milk supply and urinary prolactin, and infant demand between 4 and 8 weeks of age. Ten healthy, breastfeeding mothers with infants 4 weeks of age will be randomly assigned to one of two treatment regimes of altered fluid intake. Data will be analyzed in such a way as to control the infant's increased appetite over the four week period. As increasing maternal fluids appears to be a practical and simple solution to the serious problems of inadequate lactation, this relationship warrants further investigation.			
6610-1501-44	Behavioural Management of Hypertensive, Pregnant Women. Department of Psychology, University of British Columbia Dr. Wolfgang LINDEN	1986-87 1987-88 1988-89 1989-90 1990-91	23,707.65 22,119.00 7,616.00 8,153.00 916.00
SYNOPSIS: The present study will investigate the relative efficacy of autogenic training and progressive muscular relaxation in the clinical management of hypertensive, pregnant women. Although drug treatment has generally proven effective in reducing blood pressure of hypertensives without secondary problems and cardiovascular complications, the management of hypertensive, pregnant women poses considerable problems since pregnancy is contra-indicated with many kinds of antihypertensive medications. Beyond the mode of anti-hypertensive drug treatment however, only very few non-pharmacological approaches are sufficiently well tested and promising for this particular population. Progressive muscular relaxation (PMR) is a well established relaxation procedure which has been tested repeatedly and with success in reducing elevated blood pressure. PMR is directed at a reduction of muscular tension, and central physiological parameters are not directly addressed. Autogenic training in contrast, involves central parameters such as blood flow and heart rate and appears therefore to be a more specific management approach for hypertension, however it is not as well tested as PMR. The comparative outcome evaluation of these methods for hypertensive, pregnant women is still outstanding. The present study is designed to fill this gap.			

Project No./ No du projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6610-1534-54	Vaginal Mechanical Contraceptive Devices and Urinary Tract Infections. Division of Infectious Diseases, University of British Columbia and Vancouver General Hospital Dr. Anthony CHOW	1986-87 1987-88 1988-89 1989-90	42,159.00 71,560.00 23,180.00 15,211.00
	SYNOPSIS: Vaginal mechanical contraceptive devices such as the diaphragm and cervical cap have gained considerable popularity, particularly among women's groups who seek alternative contraceptive methods to the pill or IUD. Despite this, the diaphragm and cervical cap have not been as critically evaluated for efficacy, safety and infectious complications. Recent associations of the IUD in causing salpingitis, and tampons in toxic shock syndrome, have further heightened concerns with these devices. The investigators and others have made preliminary observations to suggest that women using the diaphragm or cervical cap for contraception may have a significantly increased risk of acquiring acute and recurrent urinary tract infections. In the research proposed, they wish to further examine and confirm this association by carrying out prospective investigations using both a cohort and case-control study design. They will also determine by quantitative and sequential culture techniques whether use of the diaphragm or cervical cap alters the normal vaginal microflora and promotes introital colonization with <i>Escherichia coli</i> or other potential urinary pathogens. Data obtained from these studies will provide new information regarding the safety of these devices, biology of the female genital tract, and mechanisms for development of these common urinary infections. It is hoped that these studies will also allow better understanding of a number of other related infections, including vaginitis, salpingitis and toxic shock syndrome, and will provide a more rational basis for the development of effective modalities of prevention and treatment.		
6610-1589-57	Evaluation of Nurse Midwifery Model in One Community Hospital in Canada Department of Health Care and Epidemiology, University of British Columbia Dr. Annette J. STARK	1987-88 1988-89 1989-90	22,384.60 11,942.00 87,423.35
	SYNOPSIS: This study will assess the implementation of a nurse-midwifery service in a community hospital in British Columbia. The service model of interest was implemented last year in a specialized maternity hospital in Vancouver. Nurse midwives and physicians involved in that service are available as consultants and trainers. The applicants propose first to document the process of implementing the service and second once the service is in place and the practitioners prepared, to test the effectiveness and cost of the service. Expectant mothers seeking prenatal care prior to 16 weeks, who fit the low-risk criteria for nurse-midwifery care, will be asked to participate in a trial and if they consent, they will be randomly assigned to nurse-midwifery or regular care. Outcomes of interest are feasibility; client and provider satisfaction; clinical outcomes for mother and newborn; and cost-effectiveness. It is hypothesized that the two services will be equally effective clinically but that the experimental (nurse-midwifery) model will be less costly.		
6613-1149-X	National Study of Screening for Breast Cancer. Epidemiology Unit, National Cancer Institute of Canada and University of Toronto Dr. A.B. MILLER	1979-80 1980-81 1981-82 1982-83 1983-84 1984-85 1985-86 1986-87 1987-88 1988-89	4,951.15 250,000.00 500,000.00 730,860.00 772,248.85 530,000.00 320,000.00 900,000.00 ----- 120,000.00
	SYNOPSIS: This is a multicentre controlled trial to evaluate the efficacy of screening for breast cancer in reducing mortality from the disease by mammography and physical examination in women ranging in age from 40 to 49 and the independent effect of mammography in screening women aged 50 to 59.		

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agencies et chercheur(s) principal(aux)		
6605-3266-52	Marqueurs prénatals de la trisomie 21 Centre de recherche de l'Hôpital Saint-François d'Assise Docteur Jean-Claude FOREST	1989-90 1990-91 1991-92 1992-93	61,899.00 144,240.00 54,275.00 28,379.00

RÉSUMÉ: La trisomie 21, ou mongolisme représente l'anomalie chromosomique la plus fréquente chez les nouveaux-nés vivants. Cette anomalie est associée à un retard mental modéré à sévère (quotient intellectuel de 35 à 50), à des malformations cardiaques, à une susceptibilité aux infections et à un vieillissement prématuré. L'espérance de vie actuelle se situe à environ 20 ans. Le diagnostic prénatal se fait par l'étude des chromosomes des cellules fœtales recueillies lors de l'amniocentèse. Comme cette intervention entraîne des risques pour le fœtus et la mère, elle n'est utilisée que chez les femmes enceintes à risque élevé, c'est-à-dire celles qui ont plus de 35 ans. À date, seul l'âge maternel élevé pouvait indiquer un risque augmenté. Pourtant 80 pour cent des enfants porteurs d'une trisomie 21 naissent de femmes de moins de 35 ans. Jusqu'à tout récemment, on ne disposait d'aucun moyen de dépister la trisomie 21 chez ces femmes. Des travaux récents suggèrent la possibilité d'identifier des femmes à haut risque d'être porteuses d'un fœtus trisomie à l'aide de dosages sanguins maternels et de l'échographie. Le dosage de certains paramètres du sang maternel et des mesures du fœtus obtenues par une échographie obstétricale semblent prometteurs comme tests de dépistage des patientes à risque. Dans cette étude prospective, l'alphafoetoprotéine, l'hormone gonadotrophine chorionique, l'oestriol et deux mesures échographiques seront analysés afin de déterminer la meilleure combinaison de tests permettant de détecter le plus de cas possibles de bébés trisomiques tout en n'augmentant pas le nombre d'amniocentèses requis. Cette étude portera sur 15,000 femmes enceintes et, si les résultats sont concluants, elle pourrait conduire à l'utilisation de ce profil d'examen non invasifs pour le dépistage prénatal du mongolisme à travers le Canada.

5605-3356-64/1	Identification des facteurs de risques dans le développement psychologique de nourrissons de deux populations vulnérables (mères adolescentes et mères de milieu socio-économique défavorisé) Département de psychologie, Université du Québec à Montréal Madame Andrée POMERLEAU	1989-90 1990-91 1991-92 1992-93	28,064.21 53,028.85 53,010.94 14,900.00
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RÉSUMÉ: Depuis les trente dernières années, le Canada a connu une baisse importante du taux de mortalité périnatale. Cependant, d'autres problèmes demeurent préoccupants. Le taux de grossesse à l'adolescence est à la hausse et on estime que 20% des femmes enceintes chaque année vivent sous le seuil de la pauvreté. Ces populations présentent des risques pour le développement psycho-affectif de l'enfant, sans qu'il soit encore bien clair où et comment diriger des mesures préventives. La présente recherche vise à préciser les facteurs de risques liés à des aspects **sociaux** (réseau de support, écologie de la famille, stimulations vers l'enfant), **psychologiques** (stress quotidiens, état dépressif, connaissance sur le développement, perception du tempérament de l'enfant) et **physiques** (environnement matériel, quantité et qualité des stimulations) du contexte de vie de la dyade mère-nourrisson au cours de la première année. Elle vise aussi à évaluer la relation entre les aspects contextuels et les modes interactifs de la dyade et le développement psychologique, cognitif et socio-affectif du nourrisson. Une meilleure identification des besoins de ces populations permettra d'élaborer des mesures préventives adéquates visant les problèmes réels plutôt qu'un ensemble de facteurs indéterminés supposément reliés au développement de l'équilibre mental de l'individu.

Project No./ No de projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6606-4254-64/1	The Comparison of Postpartum with Non-Puerperal Depression School of Psychology, University of Ottawa Dr. Valerie E. WHITFIELD	1989-90 1990-91 1991-92	11,184.00 20,099.00 13,381.00
SYNOPSIS: In both research and practice, a strong tradition exists to consider depression that occurs after childbirth a special case within the category of depression. The consequences of this position for the understanding and treatment of postpartum depression have been dramatic. Methodologically and conceptually, research on postpartum depression lags far behind that of the general depression literature. For instance, postpartum depression appears to remain largely untreated, perhaps under the assumption that it will remit spontaneously once the woman passes through the critical period. However, the empirical evidence suggests that there is little to distinguish postpartum from non-puerperal depression. Is postpartum depression a distinct diagnostic entity? This research proposes to address the question directly by comparing a sample of postpartum depressed women with a sample of non-puerperal depressed women, with regard to symptomatology and impairment of psychosocial functioning. If postpartum depression does differ, this research will specify those differences with implications for further etiological research. If no distinction exists however, researchers and clinicians will be able to apply findings from the more sophisticated general literature on depression to the problem and treatment of postpartum depression.			
6606-4262-64/2	Mental and Physical Health of Mothers and Children in Single-Parent Families Department of Sociology, Social Science Centre, University of Western Ontario Dr. William R. AVISON	1989-90 1990-91 1991-92 1992-93	35,938.00 128,500.00 107,077.00 30,168.00
SYNOPSIS: Over the last few decades, there has been a substantial increase in the number of single-parent families in North America. Research indicates that these families are at elevated risk of economic, social and health problems. This research, however, has often failed to examine the complex interactions of social and psychological factors that may explain why some single-parent families experience difficulties while others do not. Moreover, this research has lacked samples of intact families to compare how psychosocial processes operate differently in each group to effect health outcome. The study proposed here will focus on a sample of 500 single-parent women and a comparison sample of 500 intact families. Using a longitudinal design, we will assess the causal links between mothers' mental and physical health, children's mental and physical health, role strains, life stress, and various important psychosocial resources. With this design, we will be able to address a number of questions concerning differences in the prevalence and etiology of mental and physical health problems between intact and single-parent families. The results of this study will have implications for the development of strategies for assisting single-parent mothers and their children.			
6606-4331-AIDS	Medical Evaluation of Juvenile Prostitutes - A Feasibility Study Pediatrics and Microbiology, Hospital for Sick Children, Toronto Dr. Stanley E. READ	1989-90 1990-91	57,157.00 6,350.00
SYNOPSIS: The aim of the project is to study adolescents who are on the street, particularly those involved in prostitution, and compare their knowledge and attitudes towards their risk of acquiring sexually transmitted diseases including AIDS with other sexually active adolescents. Medical work up and laboratory testing will provide information on comparative infection rates in the different groups. An outreach program is being developed to involve community based agencies in the study. Based on the development of the project in the downtown Toronto area, a multi-centred Canadian study will be developed.			

Project No./ No du projet	Title of Project, Institution and Principal Investigator(s)/ Titre du projet, agences et chercheur(s) principal(aux)		
6610-1613-54	Postpartum Rubella Immunization: a randomized placebo-controlled clinical trial Dept. of Paediatrics, University of British Columbia Dr. Aubrey J. TINGLE	1989-90 1990-91	30,000.00 40,000.00

SYNOPSIS: Recent findings have suggested that rubella immunization of susceptible adult females is associated with a significant risk of acute and possibly chronic joint reactions (e.g. Arthritis Arthralgia) or neurologic reactions (e.g. Carpal Tunnel Syndrome). Preliminary evidence of this association has led to increasing concern about the acceptance of rubella vaccine in adult females and among public health workers and physicians. The present proposal is a randomized, placebo-controlled clinical trial of rubella vaccine in seronegative females immunized during the postpartum period.

The study will examine the clinical joint and neurologic reactions associated with rubella vaccine and will allow the investigators to derive adverse reaction incidence and prevalence figures. In this way, the best available data will be made available for counselling susceptible adult females of risks associated with the current rubella vaccine.

APPENDIX IV

CHILD SEXUAL ABUSE PROJECTS

Following are selected projects representing funding to women's organizations for (1) completed or (2) funded Child Sexual Abuse Projects. A full list of projects is available from the:

**National Clearing House on
Family Violence
Tunney's Pasture
Brooke Claxton Building
Room 744
OTTAWA, Ontario
K1A 1B5**

**Tel.: (613) 957-2938
or
1-800-267-1291**

CHILD SEXUAL ABUSE PROJECTS

(1) COMPLETED PROJECTS

ORGANIZATION	PRINCIPAL CONTACT	TITLE/MAIN FOCUS	TARGET POPULATION	SCOPE	TIME FRAME
INDIAN AND INUIT NURSES OF CANADA OTTAWA	JEAN GOODWILL (613)230-1864	CHILD SEXUAL ABUSE: WHAT CAN BE DONE? AWARENESS - A CONSULTATION TO ENABLE A WIDE RANGE OF HEALTH AND SOCIAL SERVICE PROFESSIONALS TO SHARE PERSPECTIVES ON CHILD SEXUAL ABUSE IN NATIVE COMMUNITIES.	SERV. PROV/NATIVE COMMUNITIES	NATIONAL	12/02/87 / /
NATIONAL ASSOCIATION OF WOMEN AND THE LAW WINNIPEG	MS. LAURIE P. ALLEN () -	WORKSHOP AT CONFERENCE OF THE NATIONAL ASSOCIATION OF WOMEN AND THE LAW AWARENESS - TO INCLUDE IN THE CONFERENCE PROGRAM A WORKSHOP ON CHILD SEXUAL ABUSE AND WIFE BATTERING	FEMALE LAWYERS	NATIONAL	04/02/87 31/03/87
PAUKTUUIT ASSOCIATION OTTAWA	INUIT WOMEN'S SOPHIE TOM (613)238-3977	SEXUAL ABUSE AMONG INUIT AWARENESS - WORKSHOP ON CHILD SEXUAL ABUSE AT SPENCE BAY, NWT, TO BEGIN TO DEVELOP NETWORKS AND STRATEGIES FOR DEALING WITH CHILD SEXUAL ABUSE IN THE NORTH.	INUIT	NATIONAL	/ / / /

(2) FUNDED PROJECTS UNDERWAY

CANADIAN ASSOCIATION OF SEXUAL ASSAULT CENTRES TORONTO	MARILYN McLEAM, FUNDRAISER (416)597-1171	CONFERENCE ON CHILD SEXUAL ABUSE - 1987	SEXUAL ASSAULT CENTRES	NATIONAL	26/06/87
		TRAINING - A WORKSHOP AND SURVEY TO EVALUATE THE ROLE OF THESE COMMUNITY BASED ORGANIZATIONS IN PREVENTION AND TREATMENT OF CHILD SEXUAL ABUSE.			
CANADIAN NURSES ASSOCIATION OTTAWA	MARY ANNE LANG, DIRECTOR, PROFESSIONAL SERVICES (613)237-2133	SURVEY OF STD CURRICULA IN CANADIAN SCHOOLS OF NURSING	SCHOOLS OF NURSING	NATIONAL	15/07/87 31/03/88
		STD TRAINING - TO ASSESS AND EVALUATE THE SCOPE OF STD TRAINING IN CANADIAN DEGREE AND DIPLOMA GRANTING SCHOOLS OF NURSING.			
FEDERATED WOMEN'S INSTITUTES OF CANADA (FWIC) OTTAWA	ALICE McLAGGEN, EXECUTIVE DIRECTOR (613)234-1090	TWO-DAY TRAINING SESSION FOR BOARD MEMBERS ON PROBLEM OF CHILD SEXUAL ABUSE IN RURAL AREAS	EXECUTIVES OF FWIC	NATIONAL	30/09/87
		AWARENESS - 2 DAY SESSION FOR REPRESENTATIVES OF PROVINCIAL EXECUTIVES TO DEVELOP STRATEGIES FOR PREVENTIVE MEASURES RELATIVE TO CHILD SEXUAL ABUSE IN RURAL AREAS			
WOMEN'S RESEARCH CENTER VANCOUVER	JAN BARNESLEY (604)734-0485	UNRAVELLING THE KNOT OF CHILD SEXUAL ABUSE	ADULT FEMALE VICTIMS OF VICTIMS	LOCAL/NA TIONAL	/ / / /
		DEVELOPMENT OF A PUBLICATION PROVIDING INFORMATION OF INTERDISCIPLINARY, COMMUNITY-BASED RESPONSES FOR ADULT SURVIVORS/MOTHERS OF SEXUALLY ABUSED CHILDREN.			
CANADIAN CONGRESS FOR OPPORTUNITIES FOR WOMEN MONTREAL	GRETA HOPMAN-MENKHOFF, PA ST DIRECTOR (514)931-8731	BREAKING THE SILENCES: NEW BEGINNINGS FOR WOMEN VICTIMS OF CHILDHOOD SEXUAL ABUSE	ADULT FEMALE VICTIMS	LOCAL/NA TIONAL	25/06/87 /
		AWARENESS - TO PRODUCE A 30 PAGE BILINGUAL BOOKLET FOR ADULT SURVIVORS OF CHILD SEXUAL ABUSE FOCUSING ON SURVIVAL AND AVAILABLE RESOURCES/SERVICES - TO BE WIDELY DISTRIBUTED TO AGENCIES IN QUEBEC.			

APPENDIX V

REPRESENTATION OF WOMEN ON CANADIAN DELEGATIONS TO INTERNATIONAL HEALTH MEETINGS

YEAR	WHA			PABO Directing Council			Commonwealth Health Ministers		
	Total Number of Delegates	Female Delegates No.	%	Total Number of Delegates	Female Delegates No.	%	Total Number of Delegates	Female Delegates No.	%
1980	10	2	20	6	0	0	6	4	67
1981	12	3	25	6	0	0	--	--	--
1982	14	3	21	8*	0	0	--	--	--
1983	15	3	20	12	4	33	23	8	35
1984	15	5	33	10	3	30	--	--	--
1985	17	6	35	9	4	44	--	--	--
1986	13	4	31	11	3	27	--	3	38
1987	13	4	31	7	2	29	--	--	--
1988	11	3	27	7	2	29	--	--	--

* Pan American Sanitary Conference

APPENDIX VI

RESOLUTION EB83.R9 Eighty-third Session Agenda item 17 January 18, 1989

RECRUITMENT OF INTERNATIONAL STAFF IN WHO: EMPLOYMENT AND PARTICIPATION OF WOMEN

The Executive Board,

Having considered the report¹ of the Director-General on the employment and participation of women in the work of WHO;

1. TRANSMITS the report and the record of its discussion to the Forty-second World Health Assembly;
2. RECOMMENDS to the Forty-second World Health Assembly the adoption of the following resolution:

The Forty-second World Health Assembly,

Aware of the recommendations of the International Civil Service Commission regarding the recruitment of women by organizations of the United Nations system;

Recalling earlier resolutions of the Health Assembly and the Executive Board on this subject, and in particular resolutions WHA38.12 and WHA40.9;

Recognizing that women have an important role in implementing the health-for-all strategy and the need to make optimum use of women's qualifications and capacities in the management of WHO programmes at all levels;

Recognizing the progress made in regard to the number of women in professional and higher-graded posts on the staff, and in WHO's programmes as consultants, temporary advisers, members of technical groups, and fellows;

¹ Document EB83/35.

Further recognizing the continuing important role of the steering committee established in 1984 to review the participation of women in the work of WHO;

1. DECIDES to maintain the target of 30% for the proportion of all professional and higher-graded posts in established offices to be occupied by women;
2. URGES Member States to make efforts to promote the participation of women in WHO's programmes by proposing women candidates for long-and short-term assignments, expert advisory panels, and fellowships, and by encouraging the increased participation of women in technical meetings and meetings of WHO's governing bodies;
3. CALLS ON the Director-General and the Regional Directors to pursue energetically their efforts to increase the recruitment of women for the management and direction level of WHO programmes, particularly at the policy-making level, and to promote the career development of women in the professional categories;
4. REQUESTS the Director-General to report on the employment and participation of women in the work of WHO to the Executive Board and the Health Assembly in 1991.

Seventeenth meeting, 18 January 1989

EB83/SR/7

APPENDIX VII

Employment Equity Program

I Overview

June 1983 marked the announcement of the Affirmative Action Program (now entitled Employment Equity) by Treasury Board. This program had a threefold objective:

- to ensure that women, aboriginal peoples and disabled persons were equitably represented in the Public Service;
- to neutralize employment systems which disfavoured target groups;
- to actively assist women, Indigenous peoples and disabled persons in achieving equitable representation within a reasonable timeframe through temporary special measures.

Furthermore, the Federal Government announced in 1986 a series of special measures to increase the representation of members of visible minority groups within the Federal Public Service.

A review of all special measures programs was made in early 1988 and the decision was taken to extend their operation for a five year period to 1993. Some modifications were made to these programs to provide uniformity in their operation.* In addition the title of the Program was changed from Affirmative Action to Employment Equity.

The PSC OPTION program which was designed to assist women in finding employment in non-traditional occupations made its resources of 50 PYs and \$1.75 million for the 1988-1989 fiscal year available to the larger federal government departments.

A non-traditional occupation for women is one which women have not commonly entered, often because of societal norms about "women's work".

In the Public Service, two criteria identify "non-traditional" occupations:

- external availability is not more than 30%, and
- current representation within the Public Service is not more than 30%.

- * Activities related to aboriginal peoples, disabled persons and visible minority groups will not be discussed in this report.

The Departmental Affirmative Action plans spanning the years 1985-1988 were monitored on a regular basis by Treasury Board through the submission of statistical reports and a government-wide analysis of the progress made was undertaken and released in July 1988 in a report entitled "On Target: Progress in Employment Equity in the Federal Public Service 1985-1988".

II Employment Equity Within Health and Welfare Canada

September, 1987 marked the completion of a major undertaking involving a departmental survey of all employees requesting that they self-identify should they belong to a target group. This survey did not request the self-identification on the basis of sex only as this information is available through the Department's Personnel Information System. The results of this survey were subsequently provided to Treasury Board for inclusion in their data bank and quarterly updates are forwarded on an ongoing basis. Data collected from this exercise will form the basis of further program initiatives.

Applicants who self-identify as a member of a target group, seeking employment within Health and Welfare Canada, are interviewed upon request and marketed within the department. Their resumé's are also retained in an inventory held within the Human Resource Management Bureau for the purpose of future referrals.

III Employment Equity: Women

Employment Equity data has been fully integrated into the Department's Multi-Year Human Resource Plan (MYHRP) and will be used to update, modify and build the department's ongoing Employment Equity Plan. The reporting format to Treasury Board was revised for the 1988-91 MYHRP, providing for the identification of hierarchical levels that required particular effort to raise their representation. Health and Welfare Canada identified the following hierarchical levels and set targets for March 31, 1991 which have since been approved by Treasury Board:

Occupational Category	Hierarchical Level	Women 1991 Target
Management	-	18.0%
Scientific & Professional	Senior	42.9%
Technical	Intermediate	17.6%
Operational	Intermediate	10.0%

Personnel Management Information System

A new computerized Personnel Management Information System (PMIS) is being developed and should be fully operational by approximately April 1990. This system will provide for the identification of high potential women and can also provide historical information on the career paths, training and developmental assignments of any employee. Through this system, those identified may be considered for developmental assignments.

Representation of Women by Category 1988-1989

Category	March 31, 1988		March 31, 1989		% Change in Representation
	Total Employees	% Women	Total Employees	% Women	
Management	156	18.6	156	21.2	+2.6
Scientific and Professional	2021	57.0	1949	55.1	-1.9
Administrative and Foreign Service	1557	50.8	1571	52.6	+1.8
Technical	646	45.7	599	44.7	-1.0
Administrative Support	3707	84.0	3588	83.5	-0.5
Operational	580	52.4	465	50.9	-1.5
Total	8667	65.6	8328	65.2	-0.4

APPENDIX VIII

PUBLICATIONS FOR STATUS OF WOMEN ANNUAL REPORT

AIDS

AIDS: Everyone's Concern (Pamphlet)
AIDS: The New Facts of Life (Pamphlet)
AIDS and HIV Infection: A Guide for Canadian Travellers (Pamphlet)
AIDS in Canada: the Federal Government Responds (Pamphlet)
AIDS Information for the Workplace (Pamphlet)
The HIV Antibody Test (Pamphlet)

Alcohol

12 Lousy Reasons for Riding with a Drinking Driver (Pamphlet)
Booze, Pills & Dope - Federal Response (Report)
Drinking Is Not Indian (Booklet)
Fine Lines (Booklet)
It's Just Your Nerves (Pamphlet)
National Consultation on Substance Abuse in the Workplace (Report)
Student Life (Booklet)
The Choice is Yours (Pamphlet)
Women and Alcohol (Booklet)

Children's Issues/Child Care

Action for Canada's Children - Federal Response 1979-84 (Report)
Child Care Initiatives Fund (Poster)
Child Care Initiatives Fund - Guidelines for Applicants (Booklet)
Child Care Programs - Our Children, Our Future (Poster)
Reye's Syndrome (Pamphlet)

Family Violence

Abuse and Neglect of the Elderly (Booklet)
Canadian Treatment Programs for Men Who Batter
Child Abusive Parents: An Empirical Review and Analysis
Child Maltreatment as a Social Program: The Neglect of Neglect
Children from Violent Homes
Common Features of Family Violence
Elder Abuse: Bibliography
Elder Abuse: It's Time We Did Something About It!

Family Violence Audio-Visual Catalogue
Family Violence Film/Video Collection (Booklet)
Good News About Latchkey Kids (Fact sheet)
Impact of Child Sexual Abuse: Review of the Research
New Myths About Child Sexual Abuse (Booklet)
Promoting Changes in Attitudes and Understanding of Conflict
Resolution Among Child Witnesses of Family Violence
Protect Your Children (Fact sheet)
Psychosocial Adjustment of Women Victimized in Childhood or Adolescence
Transition Houses and Shelters for Battered Women
Wife Assault in Canada (Fact sheet)
Vis-à-vis* (A National Newsletter on Family Violence)
 Summer 1988: Vol. 6, No. 2, Programs for Men Who Batter
 Autumn 1988: Vol. 6, No. 3, Understanding Elder Abuse
 Winter 1988: Vol. 6, No. 4, Sexual Offences and Disabled
 Victims
 Spring 1989: Vol. 7, No. 1, The Global Injustice

*Subscriptions available free of charge from:
 Canadian Council on Social Development
 55 Parkdale Avenue
 P.O. Box 3505, Station C
 Ottawa, Ontario
 K1Y 4G1
 Tel. (613) 728-1865

Maternity and Newborn Care

Breast-Feeding (Pamphlet)
Can I Take This If I'm Pregnant? (Booklet)
Facts and Fancy about Birth Control, Sex Education and Family
Planning (Booklet)
Feeding Babies (Book) *
Fitness and Pregnancy (Booklet)
Nutrition in Pregnancy: National Guidelines (Book)
Sounding Out on Diagnostic Ultrasound (Pamphlet)

*Sold by Supply and Services Canada

Mental Health

Canada's Mental Health (Quarterly Magazine)**
Fact sheet on Stress
Mental Health for Canadians: Striking A Balance (Booklet)
Mental Health in the Later Years (Booklet)

**Subscriptions available free of charge in Canada from
 Health Services and Promotion Branch
 5th floor
 Jeanne Mance Building
 Tunney's Pasture
 Ottawa, Ontario
 K1A 1B4
 (613) 954-8579

Pensions

Income Security Programs

Canada Pension Plan

Disability Benefits (Fact sheet and booklet)
Division of Unadjusted Pensionable Earnings (Fact sheet)
Financing the Canada Pension Plan (Fact sheet)
International Social Security Agreements - General Information
(Booklet)
Overview - The Income Security Programs of Health and Welfare
Canada (Booklet)
Retirement Pension (Fact sheet and booklet)
Social Security Agreements - Summaries (Booklets)
 Canada and Austria
 Canada and Barbados
 Canada and Belgium
 Canada and Denmark
 Canada and the Federal Republic of Germany
 Canada and Finland
 Canada and Norway
 Canada and Saint Lucia
 Canada and Sweden
Social Security Convention - Summary
 Canada and Spain (Booklet)
Tables of Rates - Quarterly figures (Booklet)

Old Age Security

Your Old Age Security Pension (Fact sheet and booklet)
Your Guaranteed Income Supplement (Fact sheet and booklet)
Your Spouse's Allowance (Fact sheet and booklet)

Family Allowances

Your Family Allowances (Fact sheet and booklet)
Your Special Allowances (Fact sheet)

Seniors

Abuse and Neglect of the Elderly (Booklet)
Canada's Seniors: A Dynamic Force (Book)
Don't Take it Easy (Book)
Let's Talk about...Falls and the Elderly (Pamphlet)
Mental Health in Later Years (Booklet)
Seniors' Guide to Federal Programs and Services (Booklet)

Reports

Income Security Programs Report for the Year Ending March 31,

Reports

Income Security Programs Report for the Year Ending March 31,
1987: Canada Pension Plan, Old Age Security, Family Allowances (1988)
Inventory of Income Security Programs in Canada, Update, January 1987 (1988)
Proceedings - National Pensions Conference (1981)
Social Security Statistics, Canada and Provinces 1962-63 to
1987-88 (1989)

APPENDIX IX

DEPARTMENTAL ADVISORY COMMITTEE ON STATUS OF WOMEN CONCERNS

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Senior Adviser, Status of Women
Chair

Cullen, A.
Policy, Communications and Information
Branch

Davies, L.
Medical Services Branch

Doolan, C.
Income Security Programs Branch

Downie, P.
Intergovernmental and International Affairs
Branch

Gonzalez, J. / Barber, A.
Personnel Administration Branch

Goudreault, Dr. L.
Health Services and Promotion

Hansen, S.
Seniors Secretariat

Flaherty, Dr. M.J.
Principal Nursing Officer

Ho, M. / Todd, M.
Health Protection Branch

Law, L.
Social Services Programs Branch

Palmason, D.
Fitness and Amateur Sport

Valin, H. / Eddis, J.
Communications Directorate
Policy, Communications and Information
Branch

Secretariat

Deek, H.
Recording Secretary

Lagasse, V.

Pearl, B.

Mattern, C.

Hackett-Parant, S.

O'Rourke, C.

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Conseillère principale,
Situation de la femme
Présidente

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communications et de l'information

Davies, L.
Direction générale des services médicaux

Doolan, C.
Direction générale des programmes de la sécurité du
revenu

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Condition physique et Sport amateur

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Direction générale de la politique, des
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